

PRESCRIPTION MEDICATION FORM

- All prescription medication must be checked in and dispensed by a Camp Medication Aide.
- If you need to send medication to camp, please put it in a zip-lock bag along with the completed form below. Be sure to make the form visible through the bag.
- Please DO NOT send medication that is not absolutely necessary.
- Prescription medications should be in an original container.



**PLACE THIS FORM IN THE ZIP-LOCK BAG
ALONG WITH THE MEDICINE**

THIS MEDICATION BELONGS TO _____

PARENT'S NAME _____

DAY PHONE _____ NIGHT PHONE _____

DOCTOR'S NAME _____

DOCTOR'S PHONE _____

MEDICATION #1 _____

Dosage/Frequency _____

MEDICATION #2 _____

Dosage/Frequency _____

MEDICATION #3 _____

Dosage/Frequency _____