

MEDICATION FORM

Child's Name _____

Parent's Name _____

Phone # _____

Parents,

Please be advised that if your child requires medication during Summer Camp, this form must be completed.

- All medication should be in original container. Information on container should be correct, especially the time medication is to be administered. Medication can only be administered at the time indicated on container.

This form along with the medical form must be completed by physician and submitted to P.O.A. office prior to any administration of medication. (Your child will not be permitted to attend camp until forms are submitted.)

I give Camp White Meadow permission to administer medication/s indicated below to my child.

Parent's Signature _____

PHYSICIAN SECTION: (to be completed by child's physician)

Name _____ Age _____ D.O.B. _____

Medication _____ Dosage _____

Route: _____ Time/Frequency _____

Indications: _____

Special Concerns/Contraindications: _____

Physician's Signature: _____

(If more than one (1) medication, continue on back)

(2)

Medication _____ Dosage _____

Route: _____ Time/Frequency _____

Indications: _____

Special Concerns/Contraindications: _____

(3)

Medication _____ Dosage _____

Route: _____ Time/Frequency _____

Indications: _____

Special Concerns/Contraindications: _____

(4)

Medication _____ Dosage _____

Route: _____ Time/Frequency _____

Indications: _____

Special Concerns/Contraindications: _____
