

Camper's Group Name _____

Camper First Name _____

Last Name _____



Camp James



Request for Medication to be given during camp
(to be completed by Parent/guardian)

Please email office to notify if your child has medication that they will be required to take while at camp!! Thank you

NOTE: We are unable to give any prescribed or over the counter medication that is not in the original prescription bottle. We are required to give medication as directed on the label unless a written prescription or letter addressed to us and signed by your child's doctor is provided.

Name of Medication: _____ Dose Prescribed: _____

Time (s) Given: _____

Reason of taking Medicine: _____

Name of Medication: _____ Dose Prescribed: _____

Time (s) Given: _____

Reason of taking Medicine: _____

Name of Medication: _____ Dose Prescribed: _____

Time (s) Given: _____

Reason of taking Medicine: _____

I request that my child _____, be given/allowed to take the prescribed medication listed above while she/he is at camp.

Date: _____ Home Phone: _____ Work Phone: _____

Signature of parent/guardian: _____