

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: \_\_\_\_\_

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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: \_\_\_\_\_