

****This Form must be submitted by all campers bringing medication to camp with the medications.****

CAMP DESALES MEDICATION FORM

Camper's Name _____

Parent contact phone number _____

Medications must be in their original containers. Place all medication containers in a zip-lock bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. The camp director will receive medications on the first day of camp when you drop your son off. Inhalers and Epipens are the only medications that can be kept with the camper.

1. MEDICATION TO BE ADMINISTERED: _____

DOSAGE: _____

TIME TO BE GIVEN: _____

2. MEDICATION TO BE ADMINISTERED: _____

DOSAGE: _____

TIME TO BE GIVEN: _____

3. MEDICATION TO BE ADMINISTERED: _____

DOSAGE: _____

TIME TO BE GIVEN: _____

special instructions:

Parent/Guardian:

I, _____, parent or Legal Guardian of _____
print parent name camper name

authorize the staff of Camp deSales to administer the medications listed above.

_____ Parent signature