

MEDICATION PERMISSION SHEET
(Fill out only if the participant has a prescribed medicine)

Participant's Name: _____

Name of prescribing doctor: _____

Name of medication: _____

If prescription: Pharmacy _____ RX NO _____

Possible side effects: _____

Instructions

Dosage amount: _____ Begin date: _____ End date _____

Times of day to be administered: _____

Signature: _____ Date: _____
(parent/guardian)

Telephone Number(s) _____
Doctor

Telephone Number(s) _____

Parent/Guardian's name: _____ Date: _____

Thank You! You've reached the end of this application. Congratulations!
"The opportunities are for those who take them" See you soon!

This section- Camp Nurse use only

Camp Nurse: Fill in date, time and initials whenever dispensing medicine

Date	Time	Initials	Date	Time	Initials
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DISPOSITION OF MEDICINE:

Returned to parents: _____ Date _____

Disposed by: _____ Date _____

This form is to be placed in the campers file when medication is complete

Note for nurse: Nonprescription drugs will be administered only after consultation with the parents as to medical necessities.