

# DOVE CREEK DAY CAMP MEDICATION FORM

If your camper needs to bring any medication to camp, please complete this form and bring it to check-in. All medications must be in the original containers. Please place medication containers in a plastic bag with your camper's name on it. Please complete this form with detailed instructions for the use of each medication your camper will need to take at camp. Inhalers are the only medication that can be kept with the camper or kept with the camp manager! No medication can be administered unless listed on this form with a legal guardian's signature.

Camper Name \_\_\_\_\_

Camp Week \_\_\_\_\_

<i>Name of Medication</i>	<b>Dosage</b>	<b>Time to be Given</b>	<b>Instructions or Comments</b>

**Parent/Guardian:**

I, \_\_\_\_\_, Parent/Legal Guardian of \_\_\_\_\_ (camper's name) authorize the camp staff to administer the medications listed above. I authorize the Camp Executive Staff to consent to medical treatment when either my emergency contact or I cannot be reached. I understand that every effort will be made to contact me before such action.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_