

GLEN HELEN ECOCAMP MEDICATION ADMINISTRATION FORM

Child's Name _____ Age _____

Camp(s) _____ Week #(s) _____

Guidelines

- If your child is coming with any medication, vitamins or supplements, this form must be completed in full.
- **A physician's signature is required for all prescription medications.**
- **A physician's signature is also required for all non-prescription medications that are to be administered at a different dosage or schedule than recommended by the drug manufacturer.**
- Medications must be in their original containers with the child's name, dosage and schedule listed.
- Bring medications in a clear zip lock bag clearly labeled with your child's name and camp.
- Medication can be dispensed five times during each day: 8:00 am, 12:00 pm, 3:20 pm, 6:00 pm, and 9:00 pm.
- If your camper's medication dosage must be specific to a non-listed time or they are attending a Night Camp, please discuss the dosage schedule with a staff member on registration day.

Please list all prescription and non-prescription medications being brought to Glen Helen:

1. Name of medication: _____

Purpose of medication: _____

Dosage and dispensing times: _____

2. Name of medication: _____

Purpose of medication: _____

Dosage and dispensing times: _____

3. Name of medication: _____

Purpose of medication: _____

Dosage and dispensing times: _____

4. Name of medication: _____

Purpose of medication: _____

Dosage and dispensing times: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____ Phone Number _____

FOR PRESCRIBING PHYSICIAN

I have approved the above information regarding prescription medications or non-prescription medications with dosage variations.

Physician's Signature _____ Date _____

Physician's Printed Name _____ Phone Number _____