



Ecocamp Medication Administration Form

If your child is coming to camp with any medication, vitamins or supplements, this form must be completed in full.

Child's Name _____ Age _____

Camp(s) _____ Week #(s) _____

Guidelines

- All prescription medications will be given as directed on the original package/container. If there are any dosage or schedule adjustments, differing from original prescription, you must bring signed documentation from your physician.
- **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 two times during each day: 12:00 pm and 3:20 pm

Please list all prescription and non-prescription medications being brought to Glen Helen (continues on back):

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: _____

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Printed Name _____ Phone Number _____

For Prescribing Physician (Complete only if needed)

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

Physician's Signature _____ **Date** _____

Physician's Printed Name _____ Phone Number _____

4. Name of medication: _____
Purpose of medication: _____
Dosage and dispensing times: _____

5. Name of medication: _____
Purpose of medication: _____
Dosage and dispensing times: _____

6. Name of medication: _____
Purpose of medication: _____
Dosage and dispensing times: _____

7. Name of medication: _____
Purpose of medication: _____
Dosage and dispensing times: _____

8. Name of medication: _____
Purpose of medication: _____
Dosage and dispensing times: _____
