**Form: Medication Form**

**Completed by: Parent/Guardian & Camp Leader**

**Medication Form**

This form MUSTBE COMPLETED by the PARENT and the CAMP LEADER as well as the ADMINISTRATOR of the medication if different.

**NOTE:** This form is not valid without the Parent/Guardian signature.

1. **Course Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Leader** |  | **Date** |  |
| **Venue** |  | **Parent/Guardian Name** |  |
| **Child Name** |  | **Parent Guardian Signature** |  |

1. **Medication Details**

|  |  |
| --- | --- |
| **Name of prescribed medication** |  |
| **Administration Schedule** |  |
| **Childs Camp Leader** |  |
| **Secondary Camp Administrator**  |  |
| **Further Information** |  |

1. **Administration Schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Administered by | Initial | Time (AM) | Time (PM) | Parent/Guardian Initial |
| MON |  |  |  |  |  |
| TUE |  |  |  |  |  |
| WED |  |  |  |  |  |
| THUR |  |  |  |  |  |
| FRI |  |  |  |  |  |

1. **Signature**

The above information is correct and I AGREE to the above staff members administering medication to my child.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian(PRINT) |  | Leader (PRINT) |  |
| Signature |  | Signature |  |
| Date |  | Date |  |

**FORM TO BE RETURNED TO CAMP DIRECTOR(S) AT THE END OF EACH WEEK.**