

CAMP FORM FOR MEDICINE ADMINISTRATION

- I hereby request that the “nurse” administer medication to my child.
- I hereby authorize the “nurse” to administer 400 mg of Advil as needed for headaches if requested.

Name of child: _____

Parent Signature: _____

Phone Number(s) _____

Please note these mandatory guidelines:

- Place all medication in one resealable plastic bag
- Label bag with Child’s name
- Label each medication with Child’s name in its original container

Please circle all times that apply

Name of Medication	Dosage	Time	Time	Time	Time	Time	Special Instructions
		Breakfast	Lunch	Dinner	Bedtime	As Needed	
		Breakfast	Lunch	Dinner	Bedtime	As Needed	
		Breakfast	Lunch	Dinner	Bedtime	As Needed	
		Breakfast	Lunch	Dinner	Bedtime	As Needed	