

# Prescription Medication Form

I, hereby, \_\_\_\_\_ (Parent/Guardian Name) give the camp health supervisor/athletic trainer permission to hold on the prescription medication and administer as indicated by the prescription. I further acknowledge this medication was prescribed by a licensed physician and that the camp health supervisor may contact that physician with any questions or concerns.

My child's name is \_\_\_\_\_ and the medication my child will be taking is as follows:

\_\_\_\_\_

The medication is to be given \_\_\_\_\_ time(s) per day.

Please list any other additional information regarding the prescription medication (Please indicate if there is none):

\_\_\_\_\_  
\_\_\_\_\_

Furthermore, the medication will be kept by the healthcare supervisor/athletic trainer during each session and secured in a locked location overnight. Please be advised that only the amount of medication needed for the duration of the camp should be provided.

Parent/Guardian Signature:

\_\_\_\_\_

Relationship to Camper:

\_\_\_\_\_

Date:

\_\_\_\_\_