

Request for Administration of Medication

Dear Parent:

If your child needs to take medication during the camp day, please follow the instructions listed below:

Please give all of the medication to the van driver or van counselor in the Van Mail envelopes on your child's first day of camp. The envelope should be labeled with your child's name and bunk number. The envelope will be forwarded to the nurse. Do not give any medication to your child to distribute.

In order to give your child any prescribed medication we need the following:

1. Medication in its original container.
2. Camper's name and bunk number clearly labeled on the container.
3. If the prescription is not in the original container please send in a doctor's note prescribing the medication with time and dosage.
4. The completed *Request for Administration of Medication* below.

REQUEST FOR THE ADMINISTRATION OF MEDICATION

I hereby request that my child, _____ take the medication during the camp day in the presence of the Nurse at Tall Pines Day Camp.

The name of the medication is _____.

The dosage is _____.

The time it is to be given is _____.

The medication should be given on these dates: _____.

If the medicine is not in its original container I understand that it is my responsibility to see that my physician sends a written request in which he indicates the name of the medication, frequency, time and dosage.

Parent/Guardian Name

Date

Parent/Guardian Signature

Phone Number

Please return to office with medication. Thank you.

For Nurse's Use Only:

Medication Name: _____

Prescription #: _____

of Tablets Received: _____