

Camp Roosevelt Medication Form

Prescription Medications

Scout's Name _____ Age: _____

Unit #: _____ Campsite: _____ Parents Name: _____

This form MUST be filled out in order for the Health Officer to dispense any prescription medications. Medication MUST be in their original prescription bottles and given as ordered on the bottle. If your child regularly takes over the counter medications such as Tylenol, Motrin, etc. please send those medications in their original packaging with a label indicating your child's name, how much they take, and when it is to be given to your child at camp. Normal medication times are before breakfast, lunch, and dinner; as well as at bedtime (about 9pm). If your child requires other times for medication to be administered please note that on this form. If there are any special medication requirements please contact Camp Roosevelt Before Camp.

As the parent or guardian of the above child I give Camp Roosevelt permission to administer the

Medication	Instructions	Breakfast	Lunch	Dinner	Bed	PRN	Special Time

above named medications. I realize that if the medication are not picked up from the Health Officer within THREE DAYS after the camper leaves the medications will be destroyed. I also agree to supply the medications in their original containers.

Parent/Guardian Signature: _____ Date: _____