

## Camper Medication Form

We must have parent authorization to dispense medications. Please fill out this camp medication form and list all medications, dosages, and frequencies and times. Please sign and remit with medications.

Please note: all prescription and non prescription medications will be collected at check-in. Medications will be administered as directed (according to bottle or label or per parent request). Please provide all medications, in their original packaging with dosage and physician information, in a re-sealable plastic bag with the camper's name on the front. Medications will be returned upon check out.

Inhalers and epi pens may be carried by the campers but must be noted by Project Gold Running Staff.

Please administer the following medications, as directed, for my child during his/her camp stay at Project Gold Running.

Medication Name:	Dose:	Frequency:	Times (am/pm)
_____			
_____			
_____			
_____			
_____			
_____			
_____			

Child's name: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
date: \_\_\_\_\_