

MEDICATION FORM

MEDICATION REQUIREMENTS:

Prescription and over the counter medicines shall be in the original container and labeled with the Camper's name, instructions, and the Physician's name.

All medications shall be turned into the Director upon day of registration!

I authorize the Camp Director for Mound Ridge or authorized Designee to administer the following to my child:

Child's Name _____ Date to start Medication _____ Date to stop Medication _____

Dosage _____ Time to be taken _____

Possible side effects

Camp Director's Initials _____ Date _____ Time Given _____

Parent/Legal Guardian Signature _____ Date _____

**PLEASE MAIL OR BRING A COPY OF YOUR HEALTH INSURANCE CARD
WHEN YOU REGISTER YOUR CHILD AT CAMP!!!!**