



Camper Medication Form

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

Please note: All medications (prescription or non-prescription) will be collected at check-in. Medications will be administered as directed (according to bottle label or per parent request) by University training staff. 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 EpiPens may be carried by camper but must be noted during check-in with University training staff.

Please administer the following medications, as directed, for my child during his/her camp stay at Saint Mary's University:

Medication Name	Dose	Frequency	Times (AM/PM)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child's Name _____

Parent/Guardian – Please Print _____

Parent/Guardian – Signature _____

Date of Signature _____

Dates/Duration of Camp _____