

GLEN HELEN MEDICATION ADMINISTRATION FORM

Camp Name(s) _____ Camp Week #(s) _____

Child's Name _____ Age _____ Sex _____

Guidelines

- For prescription medications, the medications must be in their original containers and the camper's name, dosage and schedule listed on the original container must be correct.
- For non-prescription medications, the medications must be in their original containers and the dosage and schedule on the container will be followed.
- **A physician's signature is required if:**
 - Prescription medications are to be administered at Glen Helen.
OR
 - The dosage or schedule to be followed is different from the manufacturer's dosage or schedule for non-prescription medications.
- Medication can be dispensed at five times during each day: 8:00 am, 12:00 pm, 3:20 pm, 6:00 pm, and 9:00 pm.
- If your camper's medication dosage must be specific to a non-listed time or they are attending a Night Camp, please discuss the dosage schedule with a staff member on registration day.

Please list all prescription and non-prescription medications being brought to Glen Helen:

1. Name of medication: _____
Purpose of medication: _____
Dosage and dispensing times: _____

2. Name of medication: _____
Purpose of medication: _____
Dosage and dispensing times: _____

3. Name of medication: _____
Purpose of medication: _____
Dosage and dispensing times: _____

4. Name of medication: _____
Purpose of medication: _____
Dosage and dispensing times: _____

5. Name of medication: _____
Purpose of medication: _____
Dosage and dispensing times: _____

Parent/Guardian _____ Phone Number _____

Parent/Guardian Signature _____ **Date** _____

Physician's Name _____ Phone Number _____

Physician's Signature _____ **Date** _____

(Required only if there are prescription medications or dosage variations on non-prescription medications.)