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age	out of	

Easter Seals Camp and Respite Programs Medication Form

		ivieaic	ation For	m				
Camper Name:								
Please list all medication	ns the camper is to receive a	it camp, inc	luding 'as	needed' me	edication. I	Please copy	page if ne	eded.
ermission to Administe	r Medication: I give permissio	n to personi	nel selected	by Eastersea	als to admin	nister medic	ation to me/	my camper as
ated below. (Signature sh	ould be of parent/guardian if ca	mper is und	er 18 or if a	guardian is t	he legal po	wer of attor	ney over ca	mper.)
gnature:						Date:		
Medication #1								
Medication & Dos	se Times Given	/	/				/	/
	al, etc.):							
	ot given on prescription:							
Please note any side ef	fects we should be aware of	:						
Note any reason or cor	nditions this medication shou	ıld not be g	iven:					
NAcdication #2								
Medication #2 Medication & Dos	se Times Given	1	1	,		1		
Wedication & Dos	Se Tilles Given	/	-/-	-/-	/	-/-	/	
Route (i.e. by mouth, tonic	al, etc.):				1			
	ot given on prescription:							
	fects we should be aware of							
Note any reason or cor	nditions this medication shou	ıld not be g	iven:					
Medication #3								
Medication & Dos	se Times Given	/					/	/
Route (i.e. by mouth, topic	al, etc.):							
Addition instructions n	ot given on prescription:							
Please note any side ef	fects we should be aware of	:						
Note any reason or cor	nditions this medication shou	ıld not be g	iven:					
Medication #4								
Medication & Dos	se Times Given	1	1	/	1	/	1	/
Route (i.e. by mouth, topic	al, etc.):							
	ot given on prescription:							
	fects we should be aware of							
	nditions this medication shou							
ivole any reason or cor		iiu iiut be g	17611.					
Camp Use Only Camp Health Staff Signature: Camp Health Staff Signature:							ls:	
							ls:	