

**Sanford Summer Camp
Parental Request for Dispensing Medications**

If it is necessary for your child to receive medication during camp, please do the following:

- Send the medication to camp with a responsible individual if you are unable to bring it in yourself.
- Send the medication in the original container properly labeled with correct name, time, dose and date.
- Count the tablets/patches or approximate the amount of liquid in the bottle.
- Fill out the form below.

Date _____

Child's Name _____

Medication _____ Dose _____ Time _____

Reason for medication _____

Allergies to any medications _____ -

Number of tablets/patches sent _____ Amount of liquid sent _____

Parent/Guardian Signature _____

Physician's Signature _____

Nurse's Signature _____

Number of tablets/pathes/amount of liquid received _____