

Medication Instructions

Live Wire Summer Camps

Camper Name: _____ Physicians Name: _____

Parent Name: _____ Physicians Phone Number: _____

Parent Phone Number: _____

Medication Name	Dosage	Time to be given? (meal, bedtime, specific times, etc.)	Does this medication need to be refrigerated?		Method of Administering (oral, injection, inhaler, etc)	Diagnosis
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		

Guardian, please initial below:

_____ I understand that Prescription Medication MUST be in correct bottle with camper name and dosage instructions.

_____ Medication is NOT expired

_____ I understand that my child will have their medication dispensed by a licensed healthcare worker.

_____ None of this medication is prescribed for a contagious condition

_____ I understand Medication will ONLY be dispensed per labeled instructions.

Parent Signature _____ **Date** _____