



R.H.C.C. DAY CAMP

SENDING MEDICATION TO CAMP



Name of Camper: _____

Session: _____

Unit/ Cabin: _____

Frequency of Medication:

Daily Only When Needed From _____ to _____

Time Administered:

Start of the day lunch Other: _____

Medication Name: _____

Dosage: _____

Medication Location: to be kept at camp sent home daily

Medication Storage: room temperature refrigerate

Are there any side effects to the medication? Yes No

If yes, please describe: _____

Additional Instructions, if any: _____

The medication **must** be delivered to camp:

- in the original prescription container;
- clearly labeled, with the camper's name;
- name of the medication;
- dosage/frequency;
- physician's name;
- storage and safekeeping requirements;
- possible side effects, and
- the medicine must not be stale-dated.

I hereby give permission for the Richmond Hill Country Club Day Camp to administer the above medication to my child at the time(s) specified above.

Parent/ Guardian Signature: _____ Date (dd/mm/year) _____