

Camp Prescription Medication Form

Camper Information

Rider's Name:
Allergies:
Weight:
Additional Info:

Medication Schedule

Medication	Dosage	Frequency

Parent/Guardian consent that Fuel medical volunteers may administer prescription medications to my child, named above, according to the label or package direction for my child's age and/or weight.

Parent/Guardian Authorization

Parent/Guardian Name: _____

Signature: _____

Date: _____

IMPORTANT: All medications MUST be brought in their original container with the exact dosage needed for the week clearly labeled.