

	Name Emergency Cor	ntact Telephone Numbers	Parent/Gua	ırdian	
	Enlergency Cor	ntact Telephone Numbers			
Camp Nam	e		Attendance	Dates	
Medication			Expiration	Date	
Individual [Dosage		Time(s) Giv		
Comments/	/Directions/Special Instruction	ons			
š	I hereby give permissio	n for authorized camp of	icials to admir	nister the above medication	to my child.
	Signature of Par	rent or Guardian		Date	Signed
medication, container. A	prescribed for campers shall be ke harmacist's initials, the serial num directions for use and cautionary Il over the counter medications for	nber of the prescription, the na statements, if any, contained campers shall be kept in the or	me of the patient in such prescrip iginal containers	; the name of the prescribing pra- tion or required by law, and if tal containing the original label, which	ctitioner, the name of the pres blets or capsules, the number a shall include the directions fo
nicum accuii,	on prescribed for campers shall be The cabinet shall be substantia s of 38° to 42°F in a locked box, us	any constructed and anchored	Securely to a s	olid surface Medications remai	ocked except when opened to ring refrigeration shall be sto
neaith super professional	shall only be administered by the rvisor is not a licensed health care l oversight of the health care con- prescribed for campers brought fi fian.	e professional authorized to ad- sultant. The health care consu	minister prescript Itant shall ackno	ion medications, the administration where in writing a list of all medicate in writing a list of all medicate.	on of medications shall be und diretions administered at the
When no lor	When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroy				
(1) Destruc	ction of prescription medication sh	nall be accomplished by the hea	ith care consulta	nt, witnessed by a second person	and recorded in a log maintain
method	np for this purpose. Said log shall i I of destruction. The health care co.	include the name of the camper asulfant and the witness shall s	, the name of the ion each entry in	medication, the quantity of the me the medication destruction less	dication destroyed, and the dat
			iAu coru cunà iti	ан теонсации дезинской юд.	
127 1445 7185		. (1 - (4 - 6 11 -)		-	
4-7 i	areanon rog stratt pe transtanten 101	r at least three years following t		t entry.	
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Date/Time	Camper's Signature	RECORD OF PRESC		t entry.	Authorized Staff
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	Camper's Signature	RECORD OF PRESC	RIPTION DIST Date/Time	RIBUTION Camper's Signature	
Date/Time	Camper's Signature	RECORD OF PRESC Authorized Staff Signature	RIPTION DIST Date/Time	tentry. RIBUTION Camper's Signature	Signature
Date/Time	Camper's Signature . To be seen given, and signed for, the	RECORD OF PRESC Authorized Staff Signature signed by parent/gua	RIPTION DIST Date/Time	tentry. RIBUTION Camper's Signature	Signature
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