



March Break Medication Release Form

If your child requires medication of any kind to be administered by our staff, or to carry with them while at camp, please complete this form and provide it to one of our camp staff, along with the medication and any additional comments.

Please note a form is required for each type of medication being administered or carried, and we can accept only the daily dose amount.

Child's Name: _____ Male _____ Female _____

Last Grade Completed: _____ Age: _____

Name of Medication: _____

Date(s) to be administered: Monday___ Tuesday___ Wednesday___ Thursday___ Friday___
(Please check all days medication is required)

Daily required dose (while at camp): _____

Parent Name (please print): _____ Day #: _____

Parent/ Guardian Signature: _____ Date: _____

Additional Comments: