

INSTRUCTIONS: **Please Note**-All medications including vitamins and cough drops must be in their original containers and must be turned in to the clinic, they will be transported by the staff to the nurse at Outdoor Education to ensure proper storage and dispensing. Please **DO NOT** put medications in your child's bags or backpacks. **Please print or type**  
**INFORMATION FOR EACH MEDICATION YOU ARE SENDING WITH YOUR CHILD**

STUDENT'S NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
(Last) (First) (M.I.)

CAMP DATES \_\_\_\_\_

**THIS FORM MUST ACCOMPANY ALL MEDICATIONS**

List ALL Drug/Other Allergies and special instructions:

Unless otherwise noted, all students with asthma rescue medication MDIs (inhalers) will be given their inhalers to keep with them at all times during camp. Please be sure to have the "permission to carry" contract signed and on file prior to attending camp.

Medication 1	Dose	Time:	Day 1	Day 2	Day 3	# pills sent:
		___ Breakfast				
Indication:		___ Lunch				
		___ Dinner				
		___ Bedtime				# pills returned:
		___ As Needed				
Medication 2	Dose	Time:	Day 1	Day 2	Day 3	# pills sent:
		___ Breakfast				
Indication:		___ Lunch				
		___ Dinner				
		___ Bedtime				# pills returned:
		___ As Needed				
Medication 3	Dose	Time:	Day 1	Day 2	Day 3	# pills sent:
		___ Breakfast				
Indication:		___ Lunch				
		___ Dinner				
		___ Bedtime				# pills returned:
		___ As Needed				

I hereby request and give my permission to the Outdoor Education School Nurse or designated staff to administer medication to the student identified above. I understand it is my responsibility to provide the medication(s) in the original container. **Medications that are not provided in the original pharmacy labeled containers cannot be given.**

**SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_  
Parent of Legal Guardian

**SIGNATURE OF PHYSICIAN** \_\_\_\_\_ Date \_\_\_\_\_