MEDICATION INFORMATION

Camper Name: _________________________________________________________________________
Camper Session: _______________________________ Date(s):____________________________________

ALL MEDICATION MUST BE IN ITS ORIGINAL CONTAINER, WELL MARKED, AND GIVEN TO THE CAMP COORDINATOR UPON ARRIVAL.

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<tr>
<th>Name of Medication</th>
<th>Type of Medication</th>
<th>Dosage</th>
<th>Time to be given</th>
<th>Date given</th>
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<th>Initials</th>
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Special Instructions:

PERMISSION FOR MEDICATION/MEDICAL TREATMENT ADMINISTRATION:

☐ YES, I authorize Greenbush Camp Staff to administer medication and medical treatments as identified above.

___________________________________________ ______________________________
Signature of Parent/Guardian Date