

REQUEST TO ADMINISTER MEDICATIONS

Please complete the following form for any medication you wish your child to receive while at camp. All medications will be given at meal times unless otherwise noted. For each medication, indicate the dose to be given and check the appropriate boxes for the time to be given.

NAME OF CAMPER: _____ CABIN NAME: _____

Name of Medication	Dose	Breakfast	Lunch	Dinner	Bedtime	As Needed Only	Other

I give permission to Camp Henry personnel to administer the above medications to my son/daughter.

Signature: _____ Print Name: _____

Date: _____ Daytime phone: _____