

REQUEST TO ADMINISTER MEDICATIONS | CAMP HENRY

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.

CAMPER NAME: _____ **AGE:** _____ **CABIN:** _____

Name of Medication	Dose	# of pills or mL	Breakfast	Lunch	Dinner	Night-time	As Needed Only	Other

I give permission to Camp Henry personnel to administer the above medications to my child.

Signature: _____ Print Name: _____

Date: _____ Cell Phone: _____