

Please complete this form if your child needs any medication. **All medications must be self administered or administered by a parent. This form must have a doctor's signature and/or an accompanying doctor's note (including for over the counter medications).**

Child's Name \_\_\_\_\_

Please list any medications that will need to be administered during Camp PAWS:

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What type of medical issue does the medication address? \_\_\_\_\_

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What pertinent information does our staff or emergency personnel need to know regarding the side effects of medication or medical condition? \_\_\_\_\_

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Dosage to be self administered \_\_\_\_\_

Please give written directions as to how to administer this medication. Include how it is given (mouth, with food, etc) and the time it is administered \_\_\_\_\_

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Parent/Legal Guardian Signature

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Doctor's Signature