

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:

What type of medical issue does the medication address? _____

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

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 _____

Parent/Legal Guardian Signature

Doctor's Signature