



DAY CAMP



*MEDICATION RELEASE FORM

(Child's Last Name, First Name)

(Date)

(Age in Years and Months)

(Teacher/Camp Group, If Known)

I authorize the personnel of Breezy Point to administer

_____ to _____ in
(Name or Number of Medication) (Child's Name)

this dose _____ from _____ to _____
(Date) (Date)

_____ Date _____ Dose _____ Time _____
(Person Administering)

_____ Date _____ Dose _____ Time _____
(Person Administering)

_____ Date _____ Dose _____ Time _____
(Person Administering)

_____ Date _____ Dose _____ Time _____
(Person Administering)

_____ Date _____ Dose _____ Time _____
(Person Administering)

This prescription must be refrigerated. _____ (Check Here)

(Parent/Guardian Signature)

*Prescription medication must be in original container with physician's label clearly visible and in childproof bottle.

Note: Additional forms can be obtained from the office AND please be sure to pick up all leftover medications by the last day of camp as all medications will be disposed of after camp.