FORM PURPOSE
In order to administer prescription medication, nonprescription medication which requires physician or dentist instructions, any other nonprescription medications, or nonprescription topical ointments, creams, or lotions, the parent/guardian must fill out the Medication Administration Form.

The Medication Administration Form is valid for no longer than six months. The form shall be maintained on file at the camp for a period of one year and shall be available for review by ODJFS. Nonprescription and prescription medication shall be in the original container with the original label attached and labeled with the child’s name. Medication shall be kept in a safe location and shall be inaccessible to children. A medication requiring refrigeration shall be refrigerated and safely stored, separate from food items, immediately upon arrival at the camp.

☐ My Child Requires Medication (Complete Form)   ☐ My Child Does NOT Require Medication

MEDICATION INFORMATION
Date __________________________

Medication name: __________________________ Is this medication: ☐ Over-the-Counter ☐ Prescription

Dosage amount: __________________________ Time medication shall be administered: __________________________

Additional comments: ________________________________________________________________

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(Print) Parent or Guardian: __________________________ Signature: __________________________ Date: __________________________