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.

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