



Student Stewards Camp Medical Administration Form

Student's name: _____

Age: _____ Camps/Week #s: _____

Guidelines:

- If your student is coming to camp with any medication, this form must be completed in full.
- **A physician's signature is required with all prescription medications.**
- **A physician's signature is required for non-prescription medication if it is to be dispensed at different dosage or schedule than recommended by the manufacturer (such as ibuprofen or acetaminophen).**
- Please keep medication in original packaging, labeled with the student's name, dosage, and schedule.
- Please bring medication in a clear ziplock bag clearly labeled.
- If your student is coming to multiple weeks of camp, this form only needs to be filled out once, but must be turned in each week.

Please list all prescription and non-prescription medications being brought to camp:

1. Name of Medication: _____

Purpose of medication: _____

Dosage and dispensing time: _____

2. Name of Medication: _____

Purpose of medication: _____

Dosage and dispensing time: _____

3. Name of Medication: _____

Purpose of medication: _____

Dosage and dispensing time: _____

4. Name of Medication: _____

Purpose of medication: _____

Dosage and dispensing time: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Contact Number: _____

FOR PRESCRIBING PHYSICIAN I have approved the above information regarding prescription medications or non-prescription medications with dosage variations.

Physician Signature: _____ Date: _____

Name: _____ Contact Number: _____

Office address: _____