

**PERMISSION TO ADMINISTER
PRESCRIPTION and NON-PRESCRIPTION MEDICATIONS**

Camper: _____ Date: _____

Being Treated For: _____

Medication and Dosage: _____

Additional Directions: _____

Medication not picked up at the end of the camper's stay will be discarded.

I request that the health and safety officer (nurse) at Camp Carpenter assist (camper's name) _____ in taking the above mentioned medication. I understand that the health and safety officer will dispense medications as prescribed. I also understand that the camper must assume the responsibility of reporting to the health and safety officer for the medication.

In the event that the health and safety officer is not available, the medication will be dispensed by his/her designee.

Parent/Guardian Signature: _____

Date: _____