



**Parent/Guardian Request for Giving Medication at SUMMER CAMP (July 18-21, 2024)  
Over the Counter/Short Term Medication Form**

**Student Name:** \_\_\_\_\_

My child carries and self-administers the following medication:

\_\_\_\_\_

**Insulin/Inhaler/EpiPen ONLY:** The student is both capable and responsible for self-administering this medication.

\_ NO \_ YES (Supervised) \_ YES (Unsupervised) Student may carry his/her Insulin/Inhaler/EpiPen \_ YES \_ NO.

I request for the Youth Leader designee to carry and give my child the following medication:

**MEDICATION:** \_\_\_\_\_  
*(medication name as it appears on the container)*

Medication to be given for the following condition(s):

\_\_\_\_\_

**Dose:** \_\_\_\_\_

*(if desire designee to follow directions on medication container—please write per medication container in space above)*

**\*\*please be aware that unless you have a doctor's order, we cannot exceed the dose listed on the medication container\*\***

**Time(s) to be given:** \_\_\_\_\_

*(if desire medication to be given only as needed—write as needed in space above)*

**OTHER INSTRUCTIONS:**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

MEDICATION ADMINISTRATION LOG

MEDICATION:

Dose

Date/Time

MEDICATION:

Dose

Date/Time

MEDICATION:

Dose

Date/Time

MEDICATION:

Dose

Date/Time

MEDICATION:

Dose

Date/Time

MEDICATION:

Dose

Date/Time