



**Parent/Guardian Request for Giving Medication at SUMMER CAMP (July 17-20, 2025)
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