Prescription Medication Form

Student's Name: _____

Parent's Name: _____

Parent Cell #_____ Student Cell # _____

Medication(s): Please list and include dosing or special instructions.

_____
_____
_____
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_____

I, _____ authorize staff members Christie Biffle or Ora Kilgore to dispense the above medication to my child for the duration of the camp.

Signature _____Date_____