Outpost Summer Camps, Inc

9625 Black Mountain Road #214, San Diego, CA 92126
(858) 695-CAMP www.outpostsummercamps.com

REQUEST FOR MEDICATIONS TO BE TAKEN DURING CAMP HOURS

I request that my child, _____,
First Last
_____, be assisted by camp authorized persons in taking
Date of Birth
the herein named prescribed medication at camp. I will comply with the camp's policies and procedures of delivering it to the camp in the original container.

_____ _____
Name of Medication Purpose of Medication or Diagnosis

_____ _____ _____
Dosage Prescribed Time Schedule Dose Form (Tablet or Liquid)

_____ _____
Date of Prescription Length of Time Assistance Requested

Special Recommendations and/or Comments: _____

_____

The camper for whom this medication is prescribed is under the care of:

_____ (_____)_____
Name of Licensed Physician Telephone

_____ _____
Address City, Zip Code

_____ _____ _____
Signature of Parent/Guardian **Name (please print)** **Date**

_____
Daytime telephone / Cellular telephone