



Fishing For Life Camp Medication Form

Fishing For Life staff or volunteers cannot administer medication unless this form is completed & signed.

Prescription Medications must be brought to camp in the original prescription bottle.

Camper Name: _____

Date: _____

Date to Return Medication Home: _____

Scheduled Medications

Please only send medication needed for the week.

Prescription Name:	Dose: (i.e. 2 pills)	Directions: (i.e. w/ food)	Time:	Refrigeration Required?

As-Needed Medications

including inhalers or epi-pens

Name: (i.e. Inhaler)	Dose: (i.e. 2 puffs)	Directions: (i.e. w/ food)	Refrigeration Required?

Camp Medication Release Record

To be completed by camp staff

Medication Received:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Time Given AM:					
Staff Signature					
Time Given PM:					
Staff Signature					
Medication Received:					
Time Given AM:					
Staff Signature					
Time Given PM:					
Staff Signature					

I authorize Fishing For Life in the administration and/or use of all above listed medication(s) to my child.

Parent/Guardian Signature

Date