



Phone (847) 729-4884

Medication Consent Form

Camper's First Name

Camper's Last Name

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Today's Date

Medication Start Date

Medication End Date

Medication

Refrigerate? Yes No

Reason for Medication

Time (s) for Medication To Be Administered

Amount of Medication To Be Administered

Are there any possible side effects to watch for with this medication? Yes No

If Yes, please list:

Did a physician prescribe this medication? Yes No

If Yes...

Physician's Name

Physician's Phone Number

Parent Signature