

This form is only for campers who need medication dispensed during camp hours.

Falls Church Recreation and Parks Department
223 Little Falls Street
Falls Church, VA 22046
(703) 248-5077

Medication Release Form

Child's Name: _____

Medication Information:

Name of Medication: _____

Instructions on how to give medication:

Amount: _____

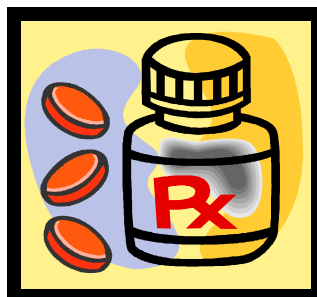
Time: _____

Number of days/Doses: _____

Special Instructions: _____

Parent's/Guardian's Signature _____ **Date** _____

Emergency Contact Phone Number _____



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MEDICATION AUTHORIZATION

I certify that, in my opinion, it is medically necessary that the medication described below be administered to _____ during camp hours and that the camp staff may administer this medication.

Prescription: Medication: _____

Dosage & Time: _____

Duration: _____

Date of Prescription: _____

(Signature of Physician)

(Date)

I, _____, parent/guardian of
_____, request that the Camp Director administer the medication prescribed above to my child during camp hours.

I understand that the person who will administer the medication may be inexperienced.

I also agree to furnish said medication in the original container with the label intact.



(Signature of parent or guardian)

(Date)