

DISPENSING OF MEDICATION FORM

This paper is to remain in the bag with the medication being dispensed.

Name of individual receiving medication _____

Name of Medication _____

Instructions for dispensing medication or giving of medical procedure: _____

Circle preferred time(s) below:

Day	Breakfast	Lunch	Supper	Bedtime	By Whom
	Time				
<i>Sun.</i>					
<i>Mon.</i>					
<i>Tue.</i>					
<i>Wed.</i>					
<i>Thur.</i>					
<i>Fri.</i>					

Upon completion of camp, parent/guardian must pick up medication and sign release form.

Parent/Guardian' s
Signature: _____

Date _____ Time _____

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