

Medication Dosage

In order for your child to receive medication while at camp, the following form must be completed.

Instructions:

Place medicine inside a Ziplock bag along with the completed form. Be sure to label the outside of the bag with your Child's Name.

All medicine needs to be in original bottles with prescribed dosage.

I request my child be given medication during the day and or night:

Camper's name:

Condition being treated:

Name of medication:

Dosage to be administered:

Time to be given:

Side effect of drug to be expected, if any:

Action required if side effects occur:

PARENT'S REQUEST FOR MEDICATION WHILE AT CAMP

I request that a designated camp staff administrator give my child, _____, the medication prescribed above. I will deliver the prescribed medication the day of camp in the original container with the label intact. If I want to discontinue this medication prior to the date indicated by the physician, I will make that request in writing prior to arrival of camp.

I agree to hold Bobby Petrino Razorback Football Camp harmless from any liabilities it may incur in connection with this requested medication at camp when the medication is administered in accord with this physician's written directions and/or mine.

Signature of Parent / Guardian

Printed Name

Date