



CAMPER MEDICATION FORM
(CONFIDENTIAL RECORD-EXEMPT FROM PUBLIC DISCLOSURE)

Please complete the following (Please Print)

Child's Name: _____

Name of Medication

Prescription: _____ Prescription#: _____

Over-the-Counter Medicine: _____

Dosage Amount: _____ Times-to-be-Taken: _____
(Liquid medicine must be sent with the appropriate measuring spoon)

Physician's Name: _____ Phone #: _____

Physician's Address: _____

Staff will assist by monitoring the taking of medication, but will not administer medication. Medicine must be clearly labeled with the camper's name, amount of dosage and dosage time. Medicine must be received in original container.

As the parent/guardian of the above named child, I understand that the Clearwater Parks and Recreation Department cannot be responsible for any damage to medicine bottles or loss of medicine.

Parent's/Guardian's Signature Date

***** Office/Staff Use Only *****

Medicine Received By: _____ Date: _____

Date	Time	Dosage	Staff Initials		Date	Time	Dosage	Staff Initials

(Continued on reverse side)

Date	Time	Dosage	Staff Initials		Date	Time	Dosage	Staff Initials

Date	Time	Dosage	Staff Initials		Date	Time	Dosage	Staff Initials

Date	Time	Dosage	Staff Initials		Date	Time	Dosage	Staff Initials

Date	Time	Dosage	Staff Initials		Date	Time	Dosage	Staff Initials

Upon completion, please file at program site/recreation center as an official record according to the City of Clearwater's Records Management Program. This record is exempt from public disclosure and should be maintained in a secure location.