



Outpost Recreation and Education, Inc.

13446 Poway Rd #240, Poway, CA 92064

(858) 842-4900

REQUEST FOR MEDICATIONS TO BE TAKEN DURING CAMP HOURS

I request that my child,

First Name

Last Name

Date of Birth

be assisted by camp's authorized persons in taking the herein named medication(s) at camp.

I will comply with the camp's policies and procedures of delivering it to the camp in the original container.

Name of Medication

Purpose of Medication or Diagnosis

Dosage Prescribed

Time(s) to Administer

Dose Form (Tablet or Liquid)

Date of Prescription

Length of Time Assistance Requested

Special Recommendations and/or Comments: _____

The camper for whom this medication is prescribed is under the care of:

Name of Licensed Physician

(_____) _____
Telephone

Address

City, Zip Code

Signature of Parent/Guardian

Name (please print)

Date

Daytime Phone