Medication Release Form

Please complete this form if your child needs any medication. **All medications must be self administered or administered by a parent. This form must have a doctor’s signature and/or an accompanying doctor’s note (including for over the counter medications).**

Child’s Name

Please list any medications that will need to be administered during Camp PAWS:

What type of medical issue does the medication address?

What pertinent information does our staff or emergency personnel need to know regarding the side effects of medication or medical condition?

Dosage to be self administered

Please give written directions as to how to administer this medication. Include how it is given (mouth, with food, etc) and the time it is administered

Parent/Legal Guardian Signature

Doctor’s Signature