

**Prescription Medication Form**

Westminster Woods Camp \* 18487 Barber Rd \* Fall River \* KS \* 67047

**If your child does NOT take medications, you do not have to fill out this form!**

**Send this form with the camper. Do not send in advance. Please send medication in original bottle.**

*Any and all medications that your student will be taking must be accurately described on this form.*

Name of Camper: \_\_\_\_\_ Known allergies: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medication(s) to be taken during event:**

**1) Name:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

Circle time to be taken with: Breakfast Lunch Dinner Evening Snack Bedtime As Needed

**2) Name:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

Circle time to be taken with: Breakfast Lunch Dinner Evening Snack Bedtime As Needed

**3) Name:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

Circle time to be taken with: Breakfast Lunch Dinner Evening Snack Bedtime As Needed

**4) Name:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

Circle time to be taken with: Breakfast Lunch Dinner Evening Snack Bedtime As Needed

***I hereby give permission for this medical information to be shared on a need to know basis.***

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**Place all medications listed ( in original prescription bottle) in a Ziploc bag with the student’s name printed on the front. Please include this form in Ziploc bag.**