

HighOkica 2017
Highland Oaks Kid's Camp

Medication Administration Form

All medication must be in original container and be labeled with camper's name.

Camper Name: _____

Grade level (grade child is going into for 2016/2017): _____

Medication	Dosage	Instructions

Information I want the nurse to know about my child:

Allergies:

Parent's Name (Printed): _____

Mom's Cell Phone Number: _____

Dad's Cell Phone Number: _____

Parent's Signature: _____