



15853 Commerce Court  
Upper Marlboro, MD 20774  
(301) 249-5455  
(301) 249-5757

TO: Camp Staff

**RE ADMINISTRATION OF MEDICATION**

I \_\_\_\_\_, do hereby give my consent for my child  
\_\_\_\_\_ to receive the following medication at camp,  
administered by the camp nurse.

NAME OF MEDICATION(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSTRUCTIONS: (How much to be given, how long to be given, what hour of the day to  
be given): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR THE MEDICATION: (Type of illness, condition)  
\_\_\_\_\_

I understand that this medicine must be sent to camp in a fully labeled container, preferably the original  
labeled container from the store or pharmacy. I also understand that this medicine must be delivered to a  
camp staff and that the camper may not carry medicines to camp or keep medicines in his/her.

Signature: \_\_\_\_\_  
(Parent or Legal Guardian)

Date: \_\_\_\_\_