



**SHAKER
VILLAGE**
— of Pleasant Hill —

Camp Medication Administration Form

Name of Camper _____

Week(s) Attending _____

*Campers self-administer all medications under the supervision of the Camp Director.
All Epipens, inhalers, diabetic instruments, over-the-counter and prescription medications to be
utilized during camp hours should be included on this list.*

Name of Medication	Dosage	Frequency/Times	Parent's Initials

Parent and Physician signatures required.

I request that my child, _____, receive the medication(s) listed above while at Shaker Village of Pleasant Hill.

Signature of Parent / Guardian _____

Date ____/____/____

Signature of Physician _____

Date ____/____/____

Refusal of Medication Administration

I am the parent/guardian of _____. I understand that the following medication(s) appear on his/her health form: _____.

It is my desire that the above-listed medication(s) be held from administration during camp. I take full responsibility for this action and do not hold Shaker Village of Pleasant Hill responsible for not administering the medication(s).

Signature of Parent/Guardian _____

Date ____/____/____