



# Outpost Recreation and Education, Inc.

13446 Poway Rd #240, Poway, CA 92064

(858) 842-4900

## REQUEST FOR MEDICATIONS TO BE TAKEN DURING CAMP HOURS

I request that my child,

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Date of Birth

be assisted by camp's authorized persons in taking the herein named medication(s) at camp.

I will comply with the camp's policies and procedures of delivering it to the camp in the original container.

\_\_\_\_\_  
Name of Medication

\_\_\_\_\_  
Purpose of Medication or Diagnosis

\_\_\_\_\_  
Dosage Prescribed

\_\_\_\_\_  
Time(s) to Administer

\_\_\_\_\_  
Dose Form (Tablet or Liquid)

\_\_\_\_\_  
Date of Prescription

\_\_\_\_\_  
Length of Time Assistance Requested

Special Recommendations and/or Comments: \_\_\_\_\_  
\_\_\_\_\_

The camper for whom this medication is prescribed is under the care of:

\_\_\_\_\_  
Name of Licensed Physician

(\_\_\_\_\_) \_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, Zip Code

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone