

MEDICATION DISPENSING REQUEST FORM

ATTENTION PARENTS/GUARDIANS

- Any medication not picked up on check out date of camp will be disposed of properly, unless prior arrangements have been made with the Camp Nurse or 4-H Educator.
- Only prescription medications are permitted to be brought with this form. Other over the counter pain relievers and other common meds are supplied by Camp. We will not accept them.

TO BE COMPLETED

I request that _____ be given the medication,
(Name of Youth)

_____ at 4-H Camp Palmer.
(Name of Medication)

Dosage requirements are as follows: _____

List possible reactions which should be reported to the physician. _____

List special storage and/or sterile requirements. _____

Date medication will no longer be needed. _____
(Date)

Name of physician _____

Address _____ Phone _____

TO BE COMPLETED BY THE PARENT OR GUARDIAN

We, the parents/guardians of _____ authorize the Program Sponsor, OSU
(Name of Youth)

Extension, Fulton Co. personnel to administer the medication listed above to _____
(Name of Youth)

We are to deliver the medication to 4-H Camp Palmer and to notify 4-H Camp Palmer if there is a change in
physicians and to notify 4-H Camp Palmer if the medication is changed or the dosage is changed or eliminated.

(Parent/Guardian Signature)

TO BE COMPLETED BY OSU EXTENSION, FULTON COUNTY OFFICE

The following person/persons are authorized to dispense the medication described on this form:

1. Camp Nurse _____

2. _____

(Camp Director's Signature)

(Date)

