

PARENTAL AUTHORIZATION TO ADMINISTER MEDICINES AT CAMP RIVERWOOD

Please send all medications to camp in their **original dispensing containers only**. This applies to both prescription and over-the-counter medications.

Start Date

Day	Month	Year

Stop Date

Day	Month	Year

Parents please fill in the following information, if known.

Name of camp unit:

Group #:

Name of camp bus:

Child's Name

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Name of medication, dosage, expiry date & reason for medication. Specify if you want this medication returned home daily.

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Signature of parent or guardian

Telephone

Date

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**ALL MEDICATION MUST BE GIVEN TO THE BUS CAPTAIN FOR DELIVERY TO THE HEALTH CENTRE
DO NOT SEND MEDICATIONS IN YOUR CHILD'S BAG!**