



**Medication Form:**

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

**Camper's Last Name:** \_\_\_\_\_ **Camper's First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Name of Medication(s):** \_\_\_\_\_

**Dosage:** \_\_\_\_\_ **Time to administer:** \_\_\_\_\_

**\*If additional meds, please staple another sheet or continue on the back.**

**Reason for medication(s):** \_\_\_\_\_

**Possible Side effects:** \_\_\_\_\_

**Physicians Name:** \_\_\_\_\_ **Physicians Phone Number:** \_\_\_\_\_

**Physicians Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I hereby give permission for my child to receive medication at camp as prescribed by my child's physician.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If the physician and parent/guardian agree that the camper should administer their own medication, please sign the spaces below, and then fill out a medication administration form, which can be found in the camp section on the Terrapin Adventure's website.**

I \_\_\_\_\_ as the parent/guardian give my permission for my child to carry his/her own medication, self-administer the medication and self-monitor the medical condition.

I \_\_\_\_\_ as the physician request that \_\_\_\_\_ (camper) carry his/her own medication, self administer the medication and self-monitor the medical condition.

**Physicians Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Corporate Office: 7551 Summer Leave Lane Columbia, MD 21046 410-925-9574

Terrapin Adventures at Savage Mill: 8600 Foundry Street Savage, MD 20763 301-725-1313

301-725-0445 Fax LET YOURSELF SOAR!