

Camp Still Water

Prescription Medication - Any specific medication prescribed by your physician requires that physician's signature. This medication MUST be in the original container, currently dated, labeled with the name of the medication, the dosage, and the times to be given. The physician's name MUST also be on the label.

Name of Drug: _____ **Today's Date:** _____

Dosage: _____ Route: _____

Specific instructions for school medic/nurse/administrator: _____

Possible side effects to watch for: _____

Expiration date for this request: _____

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Dosage: _____ Route: _____

Specific instructions for school medic/nurse/administrator: _____

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Dosage: _____ Route: _____

Specific instructions for school medic/nurse/administrator: _____

Possible side effects to watch for: _____

Expiration date for this request: _____

Physician's Signature X _____ **Date:** _____

Physician's Phone Number: _____