

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: _____

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

Dosage: _____ Route: _____

Specific instructions for school medic/nurse/administrator: _____

Possible side effects to watch for: _____

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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: _____

12.03.2025