Bell Museum of Natural History Science and Discovery Camps
MEDICATION PERMISSION FORM

Written permission with specific instructions must accompany all prescription and non-prescription medications in the original, labeled container to be administered at camp.

Camper's Name _____

Guardian Name(s) _____

Address _____

_____

Phone(s) _____

Medication Name_____ Condition being treated_____

Possible Side Effects _____

Medication Dosage _____Time to Administer_____

Frequency_____ How many days_____

Any Special
Instrructions_____

_____

I authorize the Bell Museum of Natural History Science and Discovery Camp staff to administer the above medication as prescribed during camp hours:

Guardian Signature_____ Date_____

Bell Museum STAFF: Fill in **the medication name, dose, date, time and initial** whenever dispensing medication.

Medication	**Dose**	**Date**	**Time**	**Initial**