



Environmental Learning Center

Medication Permission Form

Child's Name:	Parent/Guardian Name:
Camp:	Phone:

The following medication has been prescribed for this child and request that any dosage falling during the duration of Eagle Bluff's camp/program be administered by Eagle Bluff personnel. Please note, authorization is also needed for non-prescription medications.

Medication: _____

Condition for which prescribed: _____

Typical side effects: _____

Unusual side effects that may require action: _____

Dosage _____ Frequency _____ Intervals _____

Additional instructions for dispensing: _____

Parent/Guardian: _____ Date: _____

Signature

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Eagle Bluff staff to fill in date, time, and initial whenever dispensing medication!

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday