Camper Name Cabin # Session # I request that my child, be monitored/ allowed to take the following prescribed medication(s) and non-prescribed medication(s) while she is at camp. Note: We are unable to give any prescribed medication at a different time, dosage or frequency that is different from the pharmacy label on the medication bottle. You must have a written prescription or heter addressed to us and signed by your child's doctor. This letter must state specifically the time, dosage, and frequency of each named medication. Name of Medication:	Camp Hollywoodland Est. 1928	be Given D	Medication to Ouring Camp by Parent / Guardian	
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Date of Prescription:	is different from the pharmacy label on the medication bottle. You must have a written prescription or letter addressed to us and signed by your child's doctor. This letter must state			
Reason for Medication:	Name of Medication:		Number of Pills:	
Special Instructions:				
Special Instructions:	Reason for Medication:			
Name of Medication:				
Date of Prescription:	Time(s): 🗆 Breakfast 🗆 Lunch 🗅 Dinner 🗆 Night Time 🗆 As Needed 🗅 Other			
Date of Prescription:	Name of Medication:		Number of Pills:	
Reason for Medication:	Date of Prescription:	Dosgae:		
Special Instructions:				
Time(s): Breakfast Lunch Dinner Night Time As Needed Other	_			
Name of Medication:	·	Lunch 🗆 Dinner 🗆 Night Time 🛙	□ As Needed □ Other	
Date of Prescription:		_		
Reason for Medication:				
Special Instructions:				
Time(s): Breakfast Lunch Dinner Night Time As Needed OtherNumber of Pills:Number of Pills:Number of Pills:Number of Pills:Notes of Prescription:Dosage:Frequency:Reason for Medication:Special Instructions:Time(s): Breakfast Lunch Dinner Night Time As Needed OtherParent Name:Signature:				
Name of Medication:				
Date of Prescription:	Time(s): 🗆 Breakfast 🗆	Lunch 🗆 Dinner 🗆 Night Time 🕻	□ As Needed □ Other	
Date of Prescription:	Name of Medication:		Number of Pills:	
Special Instructions: Time(s): □ Breakfast □ Lunch □ Dinner □ Night Time □ As Needed □ Other Parent Name: Signature:				
Time(s): Breakfast Lunch Dinner Night Time As Needed Other Parent Name: Signature:	Reason for Medication:			
Time(s): Breakfast Lunch Dinner Night Time As Needed Other Parent Name: Signature:	Special Instructions:			
	Parent Name:	Sigr	nature:	