



V E R D U R E

## VERDURE Medication Administration Form

A VERDURE medication administration form must be completed and signed by parent/legal guardian specifying administration, frequency, dosage, and timing.

All medication(s) that need to be taken during camp hours must be given to a VERDURE camp staff member.

Medications must be in their original container

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication name	Dosage	Frequency	Time	Parent/Guardian Signature

I authorize VERDURE camp staff member to administer above medication.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Who Received Name: \_\_\_\_\_

Date: \_\_\_\_\_