

TCU Summer Music Institute

Scheduled Medication Form

Camper Information

Camper Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone Number: _____

Medication Information

Medication	Dose	Route	Time to be Given	Reason for Medication

Special Instructions: _____

Authorization

I authorize the camp staff to administer the above medication to my child as instructed. I certify that the medication is prescribed for the listed condition and is in its original labeled container. Number of doses provided _____.

Parent/Guardian Signature: _____ Date: _____

FOR CAMP STAFF USE ONLY

Date	Time Given	Initials	Notes

Nurse Signature: _____

Initials: _____