City of Campbell
Recreation & Community Services
Day Camp & Sports Camp
(408) 866-2104

MEDICATION FORM

Child's Name:	Date:
Name of Medication:	Signature of Parent:
Dates Medication To Be Given:	
Amount To Be Given	Times To Be Given:

Although we will do our best to remember to give this medication to your child at the correct time, we do get very busy. If it is vital to your child's health that the medication be administered at the assigned times, you must either call us at the correct time or come to camp to administer the medication.

Thank you

Record of Administration

Date	Time	Medication	Amount	Staff