

***Running with Scissors* Summer Contemporary Art Camp**

Medication Administration Request Form

To be completed by the parent/legal guardian of the participant and submitted along with a **photo (approx. 3" -4")** of the participant

Participant's name: _____	Participant's Date of Birth ____ / ____ / ____ Age: MM / DD / YYYY	Participant's Emergency Numbers: 1. _____ 2. _____ 3. _____	Relationship: _____	Parent / Guardian Signature _____
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N.B. Parents/Guardians are asked to send only the daily dosage of the medication in a container that clearly labels the intake instructions (preferably the container from the pharmacist). This container will be returned at pick up every afternoon.

Name of Medication (as it appears on label)	P= Prescription NP = Non-Prescription	Medication Expiry Date	Treatment End Date	Possible Side Effects (if any)	Administration Schedule (Time to be given)	Dosage and Route	Storage Instructions (you are responsible to provide cooling system if needed)

Please indicate special instructions for taking medication (i.e with lots of water, after a meal....):

Other comments: