High Meadows Camp 1055 Willeo Road Roswell, GA 30075 (678) 507-1180 camp@highmeadows.org

Authorization to Administer Medication

All medications must be in their original container and box, and brought to the Health Center by the parent/guardian/bus counselor. Prescription medication must have a prescription label stating the correct physician issued instructions. Herbal and homeopathic medicine and essential oils require a physician's order. Please make sure the medication will not expire before the camp session ends.

I request that my child,			, DOB:,		
be given the following medicat	tion(s) for			:	
Medication	Dose	Route	Time	Possible Side Effects	
	,	1	1	-	
Parent/Guardian Name	 Pare	nt/Guardian Sig	Date		

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