Medication Sign-In Form

Camper Information

Camper's Full Name: _____ Date of Birth: _____ / _____ / _____

Parent/Guardian Name: _____. Contact Number: _____

Medication Details

Medication Name	Dosage	Time(s) to be Administered	Method (Oral, Topical, etc.)	Purpose of Medication	Special Instructions	Quantity Received

Parent/Guardian Authorisation

I authorise the MERC staff to assist/administer the above medication(s) to my child as prescribed. I confirm that all information provided is accurate and up to date. I understand that medications must be provided in their original packaging with clear labels.

Signature of Parent/Guardian: _____ Date: _____ / _____ / _____. MERC staff initials: _____

Medication Sign-out Information

This is to confirm that at the end of your child's stay with MERC, you have been given back any unused medication (if applicable) and any containers, notes or equipment.

Description of returned items: _____

_____

_____

Signature of Parent/Guardian: _____ Date: _____ / _____ / _____. MERC staff initials: _____