Kids First
SPORTS CENTER
where Kids LOVE to Learn

Medication

Note: By regulation all medication MUST be dispensed in the ORIGINAL container, properly marked with the child's name and dosage instructions by the pharmacy.

Camper's Name:_____

Age:_____ Contact Phone # for questions:_____

Medication:_____

Dosage:_____

Any special instructions (ie refrigeration)? _____

As the parent or legal guardian, by my signature below, I hereby give my permission to Kids First Sports Center to dispense the medications indicated above. I understand that it is my responsibility to inform the Camp Director in writing of any changes in the above information. I understand that all medication not picked up from Kids First by Friday evening will be discarded. I understand Kids First is not permitted to dispense medicine in any container other than the original, complete with the original instructions.

_____ _____
parent or legal guardian date

Office Use only

Date	Time	Medicine	Dosage	Refrigeration required?	Staff Initials	Time