

# AUTHORIZATION TO ASSIST WITH MEDICATION

Camper Name (please print):
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## REQUIRED MEDICATION

Medication Name	Dose Size	Dose Frequency
1.		
2.		
3.		
4.		
5.		

## ADDITIONAL INFORMATION

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I request that the Sugarloaf Fine Arts Camp nurse assist my child by giving her/him the above-mentioned medication needed during camp.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date