Print Form

City of Rockville
Department of Recreation and Parks
240-314-8620

PRESCRIPTION MEDICATION FORM

All medication should be taken by children at home whenever possible. If it is necessary for a child to take medication during a camp, this form must be completed in full by the physician and signed by the parent or guardian. Please note that directions must be specific. All medication must be in the original prescription bottle. The parent must bring the medication and this completed form to the Camp and give them to the Director. **Do not send medication with your child. This form may be faxed to attn: Camp Supervisors 240-314-8659.**

Child's Name_____ Age_____

Camp Name_____

Date of Order_____ Date Order Expires_____

Reason for Medication_____

Name of Medication_____

Time to Give Medication_____ Frequency of Dosage_____

Possible Side Effects_____

_____

Special Instructions_____

_____

_____

Physician's Signature_____ Date_____

Parent's or Guardian's Signature _____

Call 240-314-8620 to obtain a form for an Inhaler or Epi-Pen.