Mason Community Center
6050 Mason-Montgomery Road
Mason, Ohio 45040
513.229.8555

CITY OF MASON OHIO
more than you imagine.

MEDICATION ADMINISTRATION REQUEST FORM

Please complete one form per child for each medication.

SECTION A: To be completed by the camper's parent or guardian.

Name of child: _____ Date of birth: _____

Name of medication: _____ Exact dosage: _____

To be administered at the following times: _____

For the following period of time: _____

Parent/Guardian signature: _____ Date: _____

Please check all that apply:

- ☐ Prescription medication
- ☐ Non-prescription medication
- ☐ Topical product or lotion
- ☐ Food supplement
- ☐ Refrigeration required
- ☐ Modified diet

SECTION B: To be completed by the City of Mason camp staff. *(Each administration of medication will be documented.)*

Date and Time of Dosage	Dosage Amount	Signature of Person Administering Medication