



Mission Trails Regional Park DAY CAMP

Medication Form

I, _____, authorize Mission Trails Regional Park
(Parent/Guardian Printed Name)

Foundation to give _____ the medication(s) listed
(Child Name)

below during the MTRP Day Camp Program.

Signature

Date

Medicine

Dose and time for medicine

Medicine

Dose and time for medicine

Medicine

Dose and time for medicine

**All medication must be in original containers.
All prescription medication must include child's full name on the original container.**