

Pre-Filled Out Medication Information Form

This form must be filled out and returned to The Children's Museum prior to attending camp. Please email completed form to Patrick Burgess pburgess@thechildrensmuseumct.org

Each medication requires a separate Authorization for the Administration of Medication Form (found on our Website)

Please keep in mind that all medications must meet the following criteria when dropped off at camp:

- In the original container (including over the counter medications)
- Has a pharmacy label
- Not expired
- Medications must be in the form the doctor has prescribed on Authorization of Medication Form (ex- pills vs liquid)

Child's Name: _____

Please fill out the following information for each medication your child is bringing including over the counter medications.

Medication #1

Medication Name: _____

Dose of medication: _____

Pharmacy Name: _____

Prescription (Rx) Number: _____

Expiration Date? _____

Is the medication in the original container? _____

If this is a prescribed medication, does the container have a pharmacy label? _____

Medication #2

Medication Name: _____

Dose of medication: _____

Pharmacy Name: _____

Prescription (Rx) Number: _____

Expiration Date? _____

Is the medication in the original container? _____

If this is a prescribed medication, does the container have a pharmacy label? _____

Medication #3

Medication Name: _____

Dose of medication: _____

Pharmacy Name: _____

Prescription (Rx) Number: _____

Expiration Date? _____

Is the medication in the original container? _____

If this is a prescribed medication, does the container have a pharmacy label? _____

Medication #4

Medication Name: _____

Dose of medication: _____

Pharmacy Name: _____

Prescription (Rx) Number: _____

Expiration Date? _____

Is the medication in the original container? _____

If this is a prescribed medication, does the container have a pharmacy label? _____