

DIAMOND RIDGE CAMPS  
1965 Deer Run Drive  
Jamison, PA 18929

PHONE: 215-343-8840 · FAX: 215-343-8849

### MEDICATION DISPENSING SLIP

Complete all sections. Deliver form & medication to the  
Camp Health Center.

Camper Name: \_\_\_\_\_

Bunk: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be given: \_\_\_\_\_

Effective Dates (at camp):

From: \_\_\_\_\_ To: \_\_\_\_\_

Special Instructions:

Does medication have to be sent home daily with the camper?

\_\_\_ yes                      \_\_\_ no

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

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