

Medication(s) Form

Dear Applicant/Parent/Guardian:

If medication(s) are required during the time of the **Rotary Youth Leadership Awards program** please provide the following information:

Name of Medication & quantity brought to camp: (PLEASE PRINT)	Dose (e.g. 10 mg)	When to be administered (e.g. mornings, 3 x day)	With or without food

1. **Please ensure that all medication(s) are in their original packages/containers or in containers that have their dose and administering instructions clearly marked and signed by a parent / guardian (unless you are 19 or over).**

2. **Please bring all medication(s) to the camp in an envelope clearly marked with your (Applicant) name.**

3. **Please check all applicable boxes below: and sign where indicated:**

I am an Applicant [*print name clearly*] _____, aged 19 or older, and wish to take my medication personally or have it administered by RYLA staff.

I give permission for my child [*print name clearly*] _____ to be responsible for his/her own medication(s).

I wish my child [*print name clearly*] _____ to have her/his medication(s) dispensed by a RYLA staff member.

Name of Parent/Guardian _____

Phone Number _____

Signature _____ Date _____

(incomplete applications will not be accepted)