



901 Aylor Rd.
Stephens City, VA 22655
(540) 868-0081

2025 CAMP FIVE:FIVE MEDICATION DESCRIPTION FORM

Student Name _____

One form per child please

This information is helpful if the medication needs to be administered by Camp Five:Five staff during the day or on a field trip. The information will also be shared with the medical personnel in the event of an emergency.

Existing Medical Condition (including allergies)	Medication Taken	Dosage Taken	Dosage Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide any information that you deem necessary regarding the listed medical conditions.

Does your child have any known side effects to any of the above medications that the Camp Five:Five should be made aware of?

Camp Five:Five requires medications to be kept in the office and administered by a staff member when needed. However, we recognize some emergency medications must be held by the user. Please have your doctor fill out a 'Permission Form for Prescribed Medication' form and return it to the office with this form.

Parent Signature

Date