

Teens To Go™, Inc.
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Teens To Go Medication Form

Directions: Please fill out the information and mail/fax it in. On the first day of camp, please bring the medication and hand it to the staff at your location. All medication **MUST** be in its **ORIGINAL** container. If you receive this form during camp, please hand it in along with the medication.

PLEASE **PRINT** ALL INFORMATION

Camper's Name: _____

Pick Up Location: _____

Session(s): _____

ALL MEDICATION MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE.

If a camper will be taking medication during the program, this form **MUST** be completed in **FULL**.

We CANNOT administer any medication. We will hold the medication in a lock bag and hand the bottle to the camper at the appropriate time(s). Please make sure the camper is familiar with his/her medication (how much, how, and when to take it). A log book will be kept.

Name of medication: _____

Date of order: _____

Expiration date: _____

Reason for Medication: _____

Special Instruction/Other Information: _____

Time(s) to give medication: _____
