

CAMP PUTNAM, INC.

141 Rutherford Road
New Braintree, MA 01531
(508) 867-6895

MEDICATION INFORMATION

Permission to Administer Medications...

I, *(parent/guardian name)* _____

Give permission to authorized personal at Camp Putnam to administer emergency care and/or medications to my son/daughter/foster child:

(child's name) _____

while at camp.

The medications to be given, frequency, dosage, and times are:

Medicine Name:	Dosage:	Times to Dispense:

Parent/Guardian Signature: _____

Date: _____

Phone: _____