

2026 Kids for a Cure Club Day Camp

Medication Administration Form

(List all medications, including nutrition supplements, **even if not given at camp.**) Please include any pain medications (Tylenol, Advil, etc) if needed to be administered for a headache or any other reason. Please let us know last dose provided on your child's daily check-in sheet.

NOTE: Any medications brought to camp must be in their original container and properly labeled. All medications will be stored on site and administered by the camp staff. The Medication Administration Form must be filled out completely. Please list all medications. If your child takes liquid medications, please remember to include the medicine spoon.

Medication(s)	Dosage/Time and frequency	To be given at camp? Y or N

I/We authorize the personnel of Mary Washington Healthcare Diabetes Management Program/Kids for a Cure Day Camp to administer listed medications and treatment to my child during the time of camp as per my/our physician's instructions as listed above.

Parent/Guardian Signature _____ Date _____