



(850) 222-8800 | lemoyne.org

121 N. Gadsden St.
Tallahassee FL 32301

LeMoyne Art Camp Medical Dispense Form

Name of Camper: _____

Session(s) of Camp: _____ Dates: _____

Guardian Name: _____

Parental Instructions for Dispensing Medication

Please include the name of the medication, dosage, days and times to dispense.

Name of Medication	Dosage Date/Time	Administered By (completed by staff)

Guardian Signature

Date