(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) |
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**Guardian Signature** **Date**