

Cabin _____ Cell Phone () _____ Last Name _____

Mount Hermon Outdoor Science School
Prescription Medication Information Form

This form is ONLY to be filled out for EACH participant who is bringing medication with them to M.H.O.S.S. You may consider filling this form out for a non-participating child who takes a medication even if you anticipate that they will be with you at all times in case of an unexpected separation.

To Be Completed By Physician:

Date _____

_____ has medication to be taken at the Outdoor Science School.

MEDICATION: _____ DOSAGE: _____

FREQUENCY: _____

PRECAUTIONS, SPECIAL INSTRUCTIONS, POSSIBLE ADVERSE EFFECTS, COMMENTS:

Physician Signature: _____ **Address:** _____

Phone: _____

To Be Completed By Parent/ Guardian:

_____ has my permission to take the above medication to Outdoor Science School and for the Nurse or Director to assist and/ or allow him/ her to take the above medication as indicated for:

Parent/Guardian Signature _____ **Date** _____