



Peninsula Bay Cities Day Camp
P.O. Box 5229
Palos Verdes, CA 90274
(310) 541-3664

Peninsula Bay Cities
Day Camp and Swim School

MEDICATION INFORMATION

All portions must be completely and clearly filled out for both prescription and non-prescription medication. All medications will be dispensed from the camp office. No medications of any kind will be allowed to remain with the campers.

CHILD'S NAME _____

DOCTOR'S NAME _____

DOCTOR'S PHONE (____) _____

Medication Information:

Prescription Number _____

Name of Drug _____

Dosage _____

Frequency and Times _____

Comments _____

I request that Peninsula Bay Cities Day Camp see that my child is provided with the medication as I have indicated above under the following conditions:

1. Peninsula Bay Cities Day Camp will reasonably endeavor to carry out my request but does not and cannot ensure or guarantee that it can or will.
2. Peninsula Bay Cities Day Camp is relying on my judgment in permitting my child to attend Peninsula Bay Cities Day Camp in view of the health problems which necessitates this medication.
3. I represent to Peninsula Bay Cities Day Camp that this is valid prescription for my child.
4. I agree to hold Peninsula Bay Cities Day Camp, its directors, officers, agents and employees harmless from any loss, cost or expense arising in any manner from my request.
5. I understand that I must complete a new request each time that I am asked to do so.
6. I understand that all medication, regardless of whether or not it is prescription or over the counter must be turned into the Camp office and will only be dispensed by written authorization.

Signature: _____ Date: _____ Phone: _____

Campsite Address: Marymount College, 30800 Palos Verdes Drive East, Rancho Palos Verdes, CA 90275