

Camp Westwood Prescription Medication Form

Please mail to Tim Cimeno (Westwood Cross Country Camp/MSTCA 956 Turnpike Street Canton, MA 02021 or email (tim.cimeno@marathonsports.com) **A.S.A.P.**

I hereby give my daughter/son _____ permission to
self-administer the prescribed medication _____

I understand the medicine must be in the original container from the pharmacy.

Parent /Guardian

date

Health Care Provider administer form

I hereby request that the Health Care Provider at the Camp administer the prescribed medication _____ to my daughter / son

Parent/Guardian

date