Summer Youth
Activity Program
Medical Dosage Form

Note: *All medication to be dispensed by the SYAP staff must be in the original container properly marked with the child's name and dosage instructions.*

Child's Name: _____

Medication	Dosage Instructions

Parent Signature: _____ Date: _____

Best Contact Number: _____

Please pick up your child's medication on their last day of camp for the summer.

Date	Time	Medication/Dosage	Director's Signature