



ALL MJCCA SCHOOL'S OUT CAMPS, VACATION CAMPS AND SUMMER CAMPS

CONTROLLED MEDICATION QUANTITY RECEIVED FORM

Child's Name _____

Date _____

Name of Medication _____

I have provided _____ (number) of pills.

Parent's Signature

Date/Time AM PM

I have received _____ (number) of pills from parent for the above medication.

Staff Signature

Date/Time AM PM

Enclose this form with the medication in a sealed envelope and turn it in to the MJCCA staff member.

If there is a discrepancy in the number of pills the staff receives from the number the parent/guardian has noted the parent/guardian will be notified prior to any medication being administered.