



CAL POLY

College of Engineering

EPIC / Engineering Possibilities in College

Medication Form

Camper Name: _____ Date of Birth: _____

Session Date: _____

THIS FORM MUST INCLUDE ALL MEDICATIONS (over the counter and prescriptions) **A CAMPER IS ALLOWED TO HAVE IN THEIR POSSESSION DURING EPIC SUMMER CAMP 2017** (including analgesics, salves, ointments, drops, etc.). The form will be collected by the EPIC Staff on the first day of camp. If a camper is found to have a medication(s) without a parent/guardian having signed the EPIC Summer Camp Medication Form, the medication(s) will be confiscated and the parent/guardian will be contacted.

MEDICATION NAME, DOSAGE, ETC.	WHEN TAKEN (SPECIFIC TIMES)	FOR WHAT PURPOSE

_____ (Camper's Name) has my permission to possess and take the above medication as described above while attending the EPIC Summer Camp on the Cal Poly San Luis Obispo campus.

Parent/Guardian Signature _____

Date _____