



# Tallahassee Museum

TREE TO TREE ADVENTURES

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Tallahassee, FL 32310

## Medical Dispense Form

Name of Child \_\_\_\_\_

Title of Camp \_\_\_\_\_ Date(s) of camp \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_

### Parental Instructions for Dispensing Medication.

Include name of medication, dosage, days and times to dispense.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Medication

Date/Time

Person Administering

Name of Medication	Date/Time	Person Administering

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

