



Tallahassee Museum

TREE TO TREE ADVENTURES

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3945 Museum Drive
Tallahassee, FL 32310

Medical Dispense Form

Please fill this out only if your child will need to take medication during their time at camp

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

Parent or Legal Guardian Signature

Date