

**MEDICATION FINAL  
DISPOSITION FORM**  
for Youth Camps in Maryland

Maryland Department of Health (MDH)  
Center for Healthy Homes and Community Services (CHHCS)  
(410) 767-8417 Toll Free 1-877-463-3464 ext. 78417

I. FINAL DISPOSITION OF MEDICATION	
Child's Name:	Date of Birth:
Medication Name:	Final Disposition: <input type="checkbox"/> Returned <i>(Complete Section A)</i> <input type="checkbox"/> Destroyed <i>(Complete Section B)</i>
<b>Section A</b>	
MEDICATION RETURNED TO (NAME)	DATE
MEDICATION RETURNED BY (PERSON'S SIGNATURE)	DATE
<b>Section B</b>	
The above indicated medication was not retrieved by the parent/guardian or authorized individual within 1 week of the camper leaving camp; therefore, it has been destroyed according to COMAR 10.16.07.14.	
SIGNATURE OF PERSON RESPONSIBLE FOR DESTROYING MEDICATION	DATE
SIGNATURE OF PERSON WITNESSING THE DESTRUCTION OF THE MEDICATION	DATE

KEEP FOR 3 YEARS