



AUTHORIZATION OF MEDICATION ADMINISTRATION

PARENT and PRESCRIBER'S AUTHORIZATION of MEDICATION at CAMP

*** Please complete a separate form for each medication your child will require at camp. ***

A. To be completed by the parent or guardian:

I request that my child _____ in group _____ receive medication as prescribed. The medication is to be furnished by me in a pharmacy labeled bottle. I understand that the camp nurse, or other designated person in the case of the absence of the camp nurse, will administer the medication. Please note the Purchase Day Camp Policy RE: Controlled Substance Medication. All medication should be delivered to the camp nurse by an adult. Campers should not be carrying medication to camp. In the case of a medication termed a "Controlled Substance" (such as Ritalin, Adderall, Dexedrine, et al), the medication must be counted and signed for by the nurse and the adult delivering it.

Signature
Parent or Guardian

Address: _____

Telephone: Home: _____ Work: _____ Date: _____

B. To be completed by the licensed health care prescriber:

I request that my patient, as listed below, receive the following medication:

Name of Camper: _____ Date of Birth: _____

Diagnosis: _____

Name of Medication: _____

Prescribed Dosage and Frequency: _____

Time to be taken during camp hours: _____

Other recommendations: _____

Name of Licensed Prescriber and Title (please print) _____

Signature
Prescriber

Date: _____

Address: _____ Phone: _____