



Purchase Community, Inc. • 3095 Purchase Street • Purchase NY 10577 • T. 914.949.2636 • F. 914.949.0955 • www.purchasehouse.com

## 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: \_\_\_\_\_