

CAMP FUNTIME

REQUEST FOR MEDICATION TO BE TAKEN DURING CAMP HOURS

To be filled out by prescribing physician ONLY. No prescription medications may be given without a signature from the physician. There are NO exceptions. Parents are responsible for supplying all medications in their original containers. All medication must be delivered to the camp office. Please complete one form per medication. For the safety of all campers, campers are not to carry any medication (prescription or non-prescription) with them on campus. If your camper needs to carry emergency medication such as an Epipen or inhaler, please notify the camp office.

Camper Name: _____
Last First Sex DOB

Condition requiring medication: _____

Name of medication: _____ Dosage prescribed: _____

Time to be given: _____ Frequency: _____

Method of administration: _____
(Oral, Injection, Inhalant)

Discontinue medication on this date: _____

Side Effects: _____

Special instructions and/or comments: _____

Does camper have permission to decline medication? Y N

If yes, under what circumstance? _____

Physician Signature: The camper for whom this medication is prescribed is under my care.

Print name of Licensed Physician Signature of Licensed Physician Date

Address Telephone

Parental Authorization

I authorize the camp health supervisor or other camp administrators, to administer the medication as directed by the authorized health care provider. I understand that the camp health supervisor has my permission to communicate with the prescribing health care provider on matters related to this medication.

Parent/Guardian Print Name Signature Date