MEDICATION PERMISSION FORM

Please complete a separate sheet for each medication

- On check-in day bring the camper’s medications in their original currently dated containers.
- Nonprescription drugs will be administered by the camp health director to deal with routine health issues that come up at camp to meet the child’s needs.

Camper’s Name: ___________________________________________

Name of Medication: _________________________________________

If Prescription: Pharmacy ___________________ RX NO ________________

Possible Side Effects or include pharmacy insert stapled to this form: ________________

Dosage Amount: ________ Begin Date: __________ End Date ____________

Times of Day to be administered: _______________________________

Prescribing Doctor: ___________________________ Phone: ____________

Specific conditions when contact should be made with the physician: ______________

_______________________________________________________________

Other special instructions: _______________________________________

_______________________________________________________________

Signature: __________________________ Date: __________
(Parent/ Responsible Adult)

Telephone Number(s) ______________________________________________________________________

Do not write below this line:

Consultation with Camp Health Officer on opening day of camp:

Parent’s signature: _______________________________________________________________________

Medications Permission from Parent 08.docx
**Camp Health Officer:** Fill in date, time and initials whenever dispensing medicine

Name of Camper: _____________________________________________________________

Name of Medication: ________________________________________________________

Dosage Amount: _______ Begin Date: _______ End Date ________

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**DISPOSITION OF MEDICATION:**

Returned Date: _______  Parent’s Signature:____________________________________

______Parent’s did not pick up medication- Disposal-Date: _______

Camp Nurse: ________________________________________________________________

Signature  Printed name

This form is to be retained in the camp’s record archive.

Medications Permission from Parent 08.docx