



AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION:

All campers who need medication administered during camp hours must have the following completed by a physician. Medication must be in the original container, contain a prescription & will be administered by camp nurse. For camps without a nurse, medication will be self-administered.

Camper's Full Name: _____

Camper's Date of Birth: _____

Name of Medication(s), Dose & Method of Administration:

Specific date(s) & time(s) to be given: _____

Or Issue Only as Needed: _____

Physician's Name & Phone Number:

Signature of Physician: _____ Date: _____