

CAMP 621

Authorization to Administer Medication Form

I hereby certify that it is necessary for _____
(Camper's First and Last Name)

to be given the medication listed below during camp hours.

(Camp Session Dates) _____

Without this medication, he/she will not be able to attend camp.

PLEASE NOTE THAT ONLY ORAL MEDICATIONS CAN BE ADMINISTERED BY CAMP STAFF

Name of Medication: _____

Dosage to be given: _____

Form of Medication (liquid, tablet, etc.): _____

Time of Administration: _____

Beginning Date: _____ Ending Date: _____

Side Effects: _____

Special Instructions: _____

Emergency Telephone Numbers:

Parent/Guardian: _____ Work #: _____ - _____ Home #: _____ - _____

Parent/Guardian: _____ Work #: _____ - _____ Home #: _____ - _____

Physician's Name: _____ Phone #: _____ - _____

It is understood by the undersigned that there shall be no liability for civil damages as a result of the administration of such medication where the person administering such medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances.

(Parent/ Guardian Signature)

(Date)

**Parents are requested to pick up any leftover medication after last camp session date. Medicine left after this time will be discarded.