Permission To Administer Medication At Camp

Participant's Name_____ Birth Date_____

To be completed by the health care provider with prescriptive authority:

Medication: _____ Purpose: _____
Dosage: _____Route: _____Time of Day: _____
Special Instructions: _____
Possible Side Effects:_____
Start Date:_____ End Date: _____

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_____ _____ _____
Signature of person with prescriptive authority Phone Date

_____
Printed Name

To be completed by parent or guardian

I hereby give my permission for _____ to take the above medication at camp, as ordered by the health care provider. I understand that it is my responsibility to furnish the medication.

_____ _____
Signature of parent or guardian Date

Note: The medication is to be brought to camp in its original container which clearly states the child's name, the health care provider, the name of the medication, date, time and dosage. This form must be filled out completely in order for the medication to be given. These are the Division of Child Care Licensing requirements.