



**AUTHORIZATION FOR PRESCRIPTION MEDICATION
TO BE TAKEN AT CAMP
Summer 2013**

The following section is to be completed by the PARENT:

Camper: _____ Home Phone: _____

Gender: _____ Age: _____ Date of Birth: _____

Mother's Name: _____

Father's Name: _____

Business Phone: _____

Business Phone: _____

Cell Phone: _____

Cell Phone: _____

Physician's Name: _____ Phone: _____

Address: _____

**I REQUEST THAT MY CHILD BE ASSISTED IN TAKING THE MEDICINE(S)
DESCRIBED BELOW AT CAMP BY AUTHORIZED PERSONS. *(If more than one medication is
required, please complete a separate authorization form for each.)***

Name of medicine:
Reason for medication:
Form: ☐ Tablet ☐ Liquid ☐ Chewable ☐ Drops ☐ Other (specify)
Dose:
If medicine is to be given DAILY, at what time?
If medicine is to be given "WHEN NEEDED," describe indications:
Other comments:

Parent Signature: _____ **Date:** _____