

# Medication Authorization Form 2019

(ONLY TO BE USED IF YOUR CHILD WILL BE ADMINISTERED MEDICATION AT CAMP)



2 I.U. Willets Road  
Roslyn, NY. 11576  
516 365-7760

Fax 516 869-0964

[www.buckleycamp.com](http://www.buckleycamp.com)

\*\*Please note that if your child requires benadryl or an epi pen due to an allergy, a *FARE* form must also be completed by both the physician and parent.

If your child requires medication at camp, please contact the camp office/camp nurse by June 1, 2019. Medication with appropriate physician and parent authorization must be received no later than June 21, 2019.

## TO BE COMPLETED BY PARENT/GUARDIAN:

I request that my child \_\_\_\_\_ receive the medication as prescribed below by our physician. The medication is to be furnished by me in the original container, properly labeled from the pharmacy with the medication, dosage requirements, doctor's name, and patient's name listed clearly. I understand that the camp nurse or other designated person will administer the medication.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Telephone Number: Home #: \_\_\_\_\_ Work or cell #: \_\_\_\_\_

## TO BE COMPLETED BY PHYSICIAN:

I request that my patient, as listed above, receive the following prescription medication(s):

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: 1. Amount to be given: \_\_\_\_\_ 2. Time(s) to be given: \_\_\_\_\_  
3. Frequency: As Needed \_\_\_ Daily \_\_\_ Other \_\_\_ 4. Duration of treatment: \_\_\_\_\_  
5. Method to be taken: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: 1. Amount to be given: \_\_\_\_\_ 2. Time(s) to be given: \_\_\_\_\_  
3. Frequency: As Needed \_\_\_ Daily \_\_\_ Other \_\_\_ 4. Duration of treatment: \_\_\_\_\_  
5. Method to be taken: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Licensed Physician's Signature \_\_\_\_\_ Physician's Stamp \_\_\_\_\_

Physician's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Physician's Address \_\_\_\_\_ Phone \_\_\_\_\_