

To be completed by Physician **and** Parent/Guardian

Medication Authorization Form 2020

(ONLY TO BE USED IF MEDICATION WILL BE ADMINISTERED DURING CAMPHOURS AND YOU ARE UNDER 18 YEARS OF AGE)



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****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, 2020. Medication with appropriate physician and parent authorization must be received no later than June 25, 2020.

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 _____