

Medication Authorization Form 2023

(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

**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 May 15st, 2023. Medication with appropriate physician and parent authorization must be received no later than June 15th, 2023.

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 _____