



AUTHORIZATION OF MEDICATION FORM

Dear Parent or Guardian,

Whenever possible, the parent or guardian should make arrangements so that medication can be administered at home. If your physician decides it is necessary for your child to receive medical attention during the camp day, the approval and specific directions must be provided to the camp. It is recommended that the daily morning dose of medicine be given at home. If two (2) or more medications are prescribed for the same camper, a separate authorization form must be completed for each medication. The medication brought to camp must be in separate pharmacy labeled containers as prescribed by the doctor. You may ask your pharmacy for a second properly labeled container. A physician's signature is required on the Authorization of Medication Form which details the name of the drug, dosage, and hour the medication is to be given at camp, as well as written parental permission. New authorization forms must be obtained for each camp year or anytime the dosage or direction changes. A separate authorization form is required for asthma medication/treatment or allergic reactions (i.e. bee stings).

AUTHORIZATION OF MEDICATION FOR CAMPERS

Child's Name _____ Birthdate _____ - _____ - _____

Medication _____

Purpose of Medication _____

Dosage (amount to be given) _____

Relationship to meals (check one) _____ Before Meals _____ With Meals _____ After Meals _____ Does Not Apply

How often and at what time (hour)? _____

Side effects (expected or predictable, please list) _____

Contraindication for administration _____

Termination Date _____

In order to keep this child in optimum health, it is necessary that medication be given during camp hours. The child's parent or guardian knows of this medication request and is full agreement that DSA of Greater Charlotte Camp Holiday personnel will administer this medication.

Physician's Signature

Telephone

Date

PARENT OR GUARDIAN'S PERMISSION

I hereby give my permission for my child (named above) to receive medication during camp hours. I will purchase and supply said medicine as needed. On behalf of my child, I absolve DSA of Greater Charlotte Camp Holiday and their agents and employees from any and all liability whatsoever that may result from my child taking this prescribed medication.

Signature

Telephone

Date

Print Parent/Guardian's Name: _____