



# camp sunshine

## physician/parent drug authorization form

Please understand that by law we cannot administer any medication to your child unless we have this form completed by your physician. All over-the-counter medications must be in their original containers, and all prescription medications must be in their original containers from the pharmacy with the current prescription label on the container. Your pharmacy will provide you with an empty bottle if you need one. This form must be turned in by the Monday morning of your camper's first session.

Sessions Attending  1  2  3  4  6  7  8  9

### Medication #1: Part One (To be completed by parent)

Camper's Name: \_\_\_\_\_

Camper's Street Address: \_\_\_\_\_

I hereby give my permission for the directors or other camp personnel to administer medication during the camp's hours to my child named below.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

Please be advised that your child must have taken the first dose of a new medication at home before we can administer the medication at camp. By signing below you state that you understand and have complied with this procedure. I hereby state that I have administered \_\_\_\_\_ (medication) to my child and have witnessed no ill effects.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

### Medication #1: Part Two

Date of order: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Can a reaction be expected?  Yes  No

If so, please explain: \_\_\_\_\_

Dose: \_\_\_\_\_

Effective Dates:

from \_\_\_\_\_

to \_\_\_\_\_

Time of administration

During Camp Day

10 -11 a.m.

With Lunch

1 - 2 p.m.

During Overnighter

With Dinner

At Bedtime

Before Breakfast



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### Medication #2: Part One (To be completed by parent)

Camper's Name: \_\_\_\_\_

Camper's Street Address: \_\_\_\_\_

I hereby give my permission for the directors or other camp personnel to administer medication during the camp's hours to my child named below.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

Please be advised that your child must have taken the first dose of a new medication at home before we can administer the medication at camp. By signing below you state that you understand and have complied with this procedure. I hereby state that I have administered \_\_\_\_\_ (medication) to my child and have witnessed no ill effects.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

### Medication #2: Part Two

Date of order: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Can a reaction be expected?  Yes  No

If so, please explain: \_\_\_\_\_

Dose: \_\_\_\_\_

Effective Dates:

from \_\_\_\_\_

to \_\_\_\_\_

Time of administration

During Camp Day

10 -11 a.m.

With Lunch

1 - 2 p.m.

During Overnighter

With Dinner

At Bedtime

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