CAMP SONSHINE
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. All prescription medications must be in the original container 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

❒ 1st ❒ 2nd ❒ 3rd ❒ 4th ❒ 5th ❒ 6th ❒ 7th ❒ 8th ❒ 9th

Please use one form per medication.

MEDICATION # 1

PART ONE: *To be completed by the parent.*

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.

Parent's Signature _____ Date _____ Daytime Phone Number _____

Camper's Name _____

Camper's Address _____

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.

Parent's Signature _____ Date _____

PART TWO: *To be completed by the physician.*

Date of order _____

Reason for medication _____

Name of medication _____

Dose _____

Effective Dates From _____ To _____

Time of administration

During Camp Day ❒ 10:00 – 11:00 AM ❒ With Lunch ❒ 1:00 – 2:00 PM

During Overnighter ❒ With Dinner ❒ At Bedtime ❒ Before Breakfast

Special instructions _____

Can a reaction be expected? ❒ Yes ❒ No

If so, please explain _____

Physician's Signature _____ Date _____

Physician's phone number _____

CAMP SONSHINE
PHYSICIAN / PARENT DRUG AUTHORIZATION FORM

MEDICATION # 2

PART ONE: *To be completed by the parent.*

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.

Parent's Signature	Date	Daytime Phone Number

Camper's Name _____

Camper's Address _____

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.

Parent's Signature Date

PART TWO: *To be completed by the physician.*

Date of order _____

Reason for medication _____

Name of medication _____

Dose _____

Effective Dates From _____ To _____

Time of administration

During Camp Day ❒ 10:00 – 11:00 AM ❒ With Lunch ❒ 1:00 – 2:00 PM

During Overnighter ❒ With Dinner ❒ At Bedtime ❒ Before Breakfast

Special instructions _____

Can a reaction be expected? ❒ Yes ❒ No

If so, please explain _____

Physician's Signature _____ Date _____

Physician's phone number _____