



camp sunshine

physician/parent drug authorization form

Medication #2

Name of medication: _____

Date of order: _____ Dose: _____

Effective Dates: from _____ to _____

Reason for medication: _____

Can a reaction be expected? Yes No

If so, please explain: _____

Special Instructions: _____

Time of Administration

Select the options that apply:

Specific Time: _____

Wake Up At Bedtime

With Food:

Breakfast Lunch Dinner

Other _____

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 Signature

Date

Medication #3

Name of medication: _____

Date of order: _____ Dose: _____

Effective Dates: from _____ to _____

Reason for medication: _____

Can a reaction be expected? Yes No

If so, please explain: _____

Special Instructions: _____

Time of Administration

Select the options that apply:

Specific Time: _____

Wake Up At Bedtime

With Food:

Breakfast Lunch Dinner

Other _____

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 Signature

Date