





# 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