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## Prescription Medication Form

### AUTHORIZATION FOR ADMINISTRATION OF PRESCRIBED MEDICATION DURING SUMMER CAMP HOURS

Camper's name: \_\_\_\_\_

Camper's Date of Birth: (mm/dd/yy): \_\_\_\_\_

Diagnosis: \_\_\_\_\_

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

Directions for administration of medication:

\_\_\_\_\_

\_\_\_\_\_

Duration of treatment:

\_\_\_\_\_

Additional information (if needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Physician Signature

*In the absence of a physician's signature on this form, please attach a physician's note.*

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date