



**Permission for Prescription Medication Administration**

Name of Camper: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Medication: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

Purpose: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

2. Medication: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

Purpose: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

3. Medication: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

Purpose: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

4. Medication: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

Purpose: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

5. Medication: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

Purpose: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_

Signature of Physician

\_\_\_\_\_

Date

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

Physician Address \_\_\_\_\_

Physician Contact # \_\_\_\_\_

I hereby give my permission for (Camper's Name) \_\_\_\_\_ to take the above medications while at camp as ordered. I understand that it is my responsibility to furnish this medication.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date