



**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: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage/Time: \_\_\_\_\_ Purpose: \_\_\_\_\_

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

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