

**THIS FORM MUST BE COMPLETED AND RETURNED TO US IF YOU KNOW
YOUR CHILD WILL NEED PRESCRIPTION OR OVER THE COUNTER
MEDICATION DISPENSED AT CAMP.**

**** MUST BE COMPLETED BEFORE YOUR CHILD ATTENDS TO CAMP****

Camp Medical Release Form 2020

ALL medications (whether PRESCRIPTION OR OVER THE COUNTER) shall be brought to Camp by the parent/guardian.

"Medication" shall include ALL medicines prescribed by a physician for the camper,
including emergency medication in the event of bee stings, etc. and ALL over the counter
medications. Before any medications may be administered to any camper during camp, we
REQUIRE the WRITTEN REQUEST of the PARENT/GUARDIAN who shall give permission for such
administration. In addition, we also REQUIRE the WRITTEN ORDER of THE PHYSICIAN
(EVEN for OVER THE COUNTER MEDICATION) which shall include:

A. The purpose of the medication: _____

B. The dosage, in original containers, specifically labeled: _____

C. The time at which or the special circumstances under which the medication shall be administrated: _____

D. The length of time for which medication is to be taken: _____

E. The possible side effects of the medication: _____

NAME _____ DOB _____ WEIGHT _____ AGE _____

DIAGNOSIS _____

MEDICATION/DOSAGE/TIME _____

POSSIBLE SIDE EFFECTS OF THE MEDICATION _____

The camp nurse has permission to administer the above mediation as prescribed.

DOCTOR'S SIGNATURE _____

DATE _____ PHONE NUMBER _____

PARENT'S SIGNATURE _____ PHONE NUMBER _____

DATE _____