

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

## **Camp Medical Release Form 2018**

**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.**

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 administered: \_\_\_\_\_

\_\_\_\_\_

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 medication as prescribed.

DOCTOR'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

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