



PERMISSION TO ADMINISTER MEDICATION AT CAMP

ONE FORM PER MEDICATION

TO BE COMPLETED BY THE CHILD'S HEALTH CARE PROVIDER WITH PRESCRIPTIVE AUTHORITY

CHILD'S NAME: _____ BIRTH DATE: _____

MEDICATION: _____

DOSE: _____ ROUTE: _____

TIME MEDICATION IS TO BE GIVEN: _____

INSTRUCTIONS: _____

REASON FOR MEDICATION: _____

POSSIBLE SIDE EFFECTS: _____

START DATE: _____

END DATE: _____

SIGNATURE OF PERSON WITH PRESCRIPTIVE AUTHORITY

LICENSE NUMBER

PRINTED NAME

PHONE NUMBER

TO BE COMPLETED BY PARENT/GUARDIAN

I hereby give my permission for _____ to take the above medication at camp,
CHILD'S NAME
administered by a Go West staff member, as ordered by the health care provider. I understand that I am responsible for providing the medication in its' original container. I understand that the container must clearly state the child's name, the name of the medication, start date and end date, time to be given and dosage. If it is a prescription medication, the pharmacy name and phone number and the licensed health care provider's name must appear on the container. I understand the Permission to Administer Medication at Camp Form, must be filled out completely in order for the medication to be given. I give permission for the person administering the medication, or the Nurse Consultant, to contact the above named physician if necessary.

PARENT/GUARDIAN NAME

SIGNATURE

WORK NUMBER

HOME NUMBER