



Authorization for Administration of Medication

A. To be completed by the Parent or guardian:

I request that the Camp Nurse at Camp Nazareth administer medications as prescribed below by our physician for my child _____, during their stay at Camp Nazareth. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the Camp Nurse will administer the medication or will supervise my child taking his/her own medication.

Signature (Parent or Guardian) _____

B. To be completed by the licensed health care provider:

Name of Camper _____ Date of Birth _____

Diagnosis _____

Name of Medication _____

Dosage, frequency, and route of administration _____

Time to be taken during stay at Camp _____

Beginning _____ to _____
Date Date

Possible side effects and adverse reactions (if any) _____

Other Recommendations _____

Name of Licensed Prescriber and Title (Please print) _____

Prescriber's Signature _____

Address _____ Phone _____

One form must be filled out for each medication to be administered