



**PHYSICIAN'S ORDER FOR GIVING MEDICATION AT CAMP**

Camper's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parents/Physicians:

Please complete this required form so that the necessary medication may be administered at camp to your child/patient.

Name of Drug: \_\_\_\_\_

Generic Name of Drug, if possible: \_\_\_\_\_

Dosage and Frequency: \_\_\_\_\_

Expected Effect: \_\_\_\_\_

Possible Side Effect: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Time Duration of Order: \_\_\_\_\_ Days      \_\_\_\_\_ Months

Date Order is Effective: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature and Stamp

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

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**PARENT REQUEST TO CAMP TO GIVE MEDICATION**

I, hereby, request that my child, \_\_\_\_\_ be given the medication above as prescribed by the physician. We, the parents/guardians, authorize the camp to assist our child in taking oral medication and agree that we will not hold liable any member of the camp staff or an individual of official capacity who is directed by us (the parents/guardians) and the camp to assist our child in taking said oral medication.

\_\_\_\_\_  
Parent/ Guardian Signature