PHYSICIAN’S ORDER FOR GIVING EMERGENCY MEDICATION AT CAMP

Name_________________________________________ Grade_____________________

Diagnosis__________________________________________

Name of Drug__________________________________________

Dosage and Times to be given_____________________________________

____________________________________________________________

Physician’s
Signature

____________________________________________________________

Address

I assess this child to be self-directed____Yes____No

Student may self-carry and self-administer medication_____ Yes____No

_____________________________________________________________________________

NOTE TO PARENT/GUARDIAN

1. Present this completed form to your child’s camp counselor with your signature authorizing the approval of your physician’s orders.

2. To ensure the safety of your child, bring the medication to camp in the original labeled container.

I have read my physician’s instructions and request that my child receive these in an Emergency situation.

_____________________________________________________________________________

Date ____________________________________ Parent/Guardian Signature ____________________________