



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