



Summer Discover Medication Permission Form

Medication must be brought to the nurse by a responsible adult in the original pharmacy bottle accompanied by parental permission and the licensed prescriber's order (see below). The license prescriber's order must be dated throughout the duration of camp.

I give permission to the nurse to give my child _____ the following medications, as authorized below by the licensed prescriber, and/or over-the-counter medications. (adult doses only) If pediatric medication is needed, please supply medication in it's original container along with the appropriate dosage (Circle all that may apply)

Ibuprofen Tylenol Benadryl Tums Visine Sunscreen

Prescription medication name: _____

I will supply the medication in the original labeled bottle. Permission is given to the nurse to notify staff at the nurse's discretion.

Parent/Guardian signature: _____ Date: _____

Licensed Prescriber Authorization

Camper Name: _____ D.O.B. _____ 0

Diagnosis: _____

Medication(s): _____ Dose: _____ Time: _____

Side Effects: _____ Allergies: _____

Other Pertinent Information: _____

Duration of prescription: From: _____ To: _____

Printed Name or Stamp

Licensed Prescriber's Signature

Telephone: _____

Date: _____