



*"Camp Harbor kids explore to learn, discover to grow,
and create friendships and memories to last a lifetime."*

Physician's Orders for Administering 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 Effects: _____

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 to Camper

I, hereby, request that my child, _____
be given the medication above as prescribed by the physician. We, the parents or
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

Parent/ Guardian Name

Date