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

PHYSICIAN'S ORDER FOR DISTRIBUTING MEDICATION AT CAMP

Camper's Name: _____

Address: _____

Parent/Guardian: _____

Parents/Physicians:

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

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

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