



CAMP EMETH MEDICATION CONSENT FORM

Please complete this form for all medication that is to be stored in the Camp Office and administered by designated Camp staff. (This includes medication that will only be dispensed during camp overnights). This form is to be completed by the child's licensed health care provider who is prescribing the medication and signed by the health care provider and the parent/guardian.

CAMPER'S NAME _____ **GROUP** _____

1. Medication: _____ Dosage: _____
Time(s) of day: _____ Start date: _____ End date: _____

Reason for medication: _____

Give medication for the following symptoms/conditions: _____

Side effects/Special instructions: _____

2. Medication: _____ Dosage: _____
Time(s) of day: _____ Start date: _____ End date: _____

Reason for medication: _____

Give medication for the following symptoms/conditions: _____

Side effects/Special instructions: _____

I hereby request and authorize designated Camp Emeth staff to give the above named camper the medication as specified on this form. I acknowledge that the medication may be administered by a non-medical person and that a physician, Community Health Manager, and/or Community Health Nurse will not be available for this purpose.

PRINT Health Care Provider Name

Health Care Provider Signature

Date

Health Care Provider Phone Number

Parent/guardian signature

Date