

# PERMISSION TO ADMINISTER MEDICATION AT CAMP

ONE FORM PER MEDICATION  
TO BE COMPLETED BY THE CHILD'S HEALTH CARE PROVIDER WITH PRESCRIPTIVE AUTHORITY

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

DOSE: \_\_\_\_\_ ROUTE: \_\_\_\_\_

TIME MEDICATION IS TO BE GIVEN: \_\_\_\_\_

INSTRUCTIONS: \_\_\_\_\_

REASON FOR MEDICATION: \_\_\_\_\_

POSSIBLE SIDE EFFECTS: \_\_\_\_\_

START DATE: \_\_\_\_\_

END DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON WITH PRESCRIPTIVE AUTHORITY

\_\_\_\_\_  
LICENSE NUMBER

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PHONE NUMBER

## TO BE COMPLETED BY PARENT/GUARDIAN

I hereby give my permission for \_\_\_\_\_ to take the above medication at camp,  
CHILD'S NAME  
administered by a Go West staff member, as ordered by the health care provider. I understand that I am responsible for providing the medication in its original container. I understand that the container must clearly state the child's name, the name of the medication, start date and end date, time to be given and dosage. If it is a prescription medication, the pharmacy name and phone number and the licensed health care provider's name must appear on the container. I understand the Permission to Administer Medication at Camp Form, must be filled out completely in order for the medication to be given. I give permission for the person administering the medication, or the Nurse Consultant, to contact the above named physician if necessary.

\_\_\_\_\_  
PARENT/GUARDIAN NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WORK NUMBER

\_\_\_\_\_  
HOME NUMBER