

## *Authorization to Give Prescription and Nonprescription Medication at Camp*

*Must be signed by physician.*

I/we request that \_\_\_\_\_

*Student's name Grade*

receive \_\_\_\_\_

*name and dosage of medication*

to be taken \_\_\_\_\_ for \_\_\_\_\_

*Time Number of days*

for the period from \_\_\_\_\_ to \_\_\_\_\_

*Date Date*

Physician's description of any anticipated reaction of child to  
the medication: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature Date

The prescription medication must be brought to camp in the original  
container appropriately labeled by the pharmacy or physician,  
stating the name of the student, the medication, and dosage.