



**Authorization for Administration of Medication**

**A. To be completed by the Parent or guardian:**

I request that the Camp Nurse at Camp Nazareth administer medications as prescribed below by our physician for my child \_\_\_\_\_, during their stay at Camp Nazareth. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the Camp Nurse will administer the medication or will supervise my child taking his/her own medication.

Signature (Parent or Guardian) \_\_\_\_\_

**B. To be completed by the licensed health care provider:**

Name of Camper \_\_\_\_\_ Date of Birth \_\_\_\_\_

Diagnosis \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage, frequency, and route of administration \_\_\_\_\_

\_\_\_\_\_

Time to be taken during stay at Camp \_\_\_\_\_

Beginning \_\_\_\_\_ to \_\_\_\_\_  
Date Date

Possible side effects and adverse reactions (if any) \_\_\_\_\_

\_\_\_\_\_

Other Recommendations \_\_\_\_\_

Name of Licensed Prescriber and Title (Please print) \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\*One form must be filled out for each medication to be administered\*