



MEDICATION AUTHORIZATION FORM

Patient Name: _____

Date of Birth: ____/____/____ Date of Visit: ____/____/____

To Whom It May Concern:

PARENT AUTHORIZATION TO ADMINISTER MEDICATION AT CAMP, SELF CARRY/SELF ADMINISTER

I hereby authorize camp staff to administer the medication prescribed below to my child.

I _____ (Name of Parent), authorize my child to self-carry as well as self-administer their inhaler while at camp.

I understand that the camp staff will administer only the medical prescribed below. If the prescription is changed, a new form for parental consent and a new physician's order must be completed before the camp staff can administer the new medication.

Parent Signature _____ Date: _____

HEALTHCARE PROVIDER AUTHORIZATION TO ADMINISTER MEDICATION AT CAMP, SELF CARRY/SELF ADMINISTER

As of _____ (date), the medication listed below has been prescribed for _____ (patient's name).

In my medical opinion, this medication is necessary while the patient attends summer camp.

Medication Name: _____

Dosage: _____

Symptoms/Diagnosis: _____

Time/Frequency of Medication Administration: _____

Common Side Effects Can include: _____

In my opinion, _____ (patient name) can self-carry and self-administer their inhaler while at camp.

From the office of: _____ (practice name)

Physician Signature _____ Date: _____

Physician Name (Printed) _____

Address: _____ City: _____

Phone Number: _____

Office/Clinic
Stamp