



Authorization for Administration of Medication at Summer Camps

In order to give prescription medication during summer camps, parents will need to:

- ◆ Complete this medication authorization form including a **written physician's order and a parent signature** authorizing staff to dispense medication and:
- ◆ If student needs to carry medication with them (e.g.; inhaler, EpiPen), please have the physician identify this in a written order.
- ◆ Send **prescription medication** in the original container with a pharmacy label identifying student name, drug, dosage, time medication should be given and physician's name.

*Student Name: _____ Grade in Fall 2009: _____

Physician's Order for Administration of Medication by School Personnel

I have prescribed the following medication for this student and request the dosages are given during the school hours:

* Medication(s): _____
Please specify medication

* Dosage and Time(s): _____

Diagnosis or reason for Medication: _____

Possible side effects: _____

Special Instructions: _____

If this medication is to be given as needed, please explain when it should be given: _____

* **Physician Signature:** _____ **Date:** _____

Physician Name (print): _____ Phone: _____

Address: _____

Parent Authorization for Administration of Medication

I hereby give permission for my child to receive medication at school as prescribed by my child's doctor, nurse practitioner or dentist. I authorize reciprocal release of information related to the medication between the school nurse and the prescribing health professional.

* **Parent Signature:** _____ **Date:** _____

This form and any additional physician's order(s) may be faxed to (763) 258-2501 when completed.