



Medication Authorization Form

Please fill out one form for each individual medication

 This section is to be completed by the camper's Doctor prior to camp:

Camper's Name _____

Birthdate _____

Medication _____

Dosage _____ Route _____

Time of day medication is to be given: _____

Special Instructions: _____

Purpose of medication: _____

Possible side effects: _____

Start date _____ End date _____

 Signature of Doctor or person with prescriptive authority

 Printed name of Doctor or person with prescriptive authority

Phone Number _____ Date _____

Note: All medication brought to Camp must be in the original container which clearly states the child's name, the health care provider, the name of the medication, date, time, and dosage. This form must be filled out completely in order for the medication to be given. This applies to prescriptions as well as over-the-counter meds. All medications must be stored with Camp Elim's Medical Services personnel and may not be kept with the camper.

 This section is to be completed by the camper's parent or guardian prior to camp:

Camper's Name _____

I hereby give my permission for _____
 To take the medication listed on this form while at Camp Elim, as ordered by the health care provider. I understand that it is my responsibility to furnish this medication in the original container which clearly states the child's name, the health care provider, the name of the medication, date, time and dosage.

_____ I authorize Camp Elim's Medical Services personnel to inform the camper's counselor of this camper's medical need in regard to this medication.

_____ I do not authorize Camp Elim's Medical Services personnel to inform the camper's counselor of this camper's medical need in regard to this medication.

 Signature of parent or guardian

 Name of parent or guardian

Phone # _____ Date _____

| For Camp Medical Services Personnel | | | | | | | |
|-------------------------------------|------|------|-------|------|--------|------|------|
| Time | Sun. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. |
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