



2017 Summer Camp

We require all medications to be stored in the Office and be administered only when the physician's and parent's signed permissions are on file. **Children are not allowed to have medication in their possession at School.**

You must provide medication to the School in the container in which it was purchased, with the prescription label attached. It must be prescribed to the student to whom it will be administered. You can request from your pharmacist a second prescription container and ask that a duplicate label be attached for home administration. The prescription label on the container is not acceptable as a physician's statement.

REQUEST FOR MEDICATION TO BE TAKEN DURING CAMP HOURS

(To be completed by a licensed physician)

Name of Student

Date of Birth

Purpose of Medication or Diagnosis

Name of Medication

Time Schedule at School

Dosage Prescribed

Tablet or Liquid

Physician's Recommendations (check where applicable):

_____ Please notify this office if my patient misses medication at school

_____ Medication may have adverse effects (explain) _____

_____ Special instructions and/or comments _____

The student for whom this medication is prescribed is under my care.

Print name of Licensed Physician

Signature of Licensed Physician

Address

Telephone

Date

REQUEST FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS

(To be completed by parent)

I request that my child, _____, be assisted/supervised in taking the above prescribed medication at school. I will comply with the policies and procedures determined by the school.

Signature of Parent

Date