

## Parent /Doctor Request for Administration of Medication

According to the State Board of Nursing, no medication can be administered except by written request of a physician.

*According to our medication guidelines, a physician authorization is required for administration of prescription medication. Medication should be in the original container labeled with the camper's name.*

Parent/Guardian is to authorize designated person to administer:

NAME OF CAMPER \_\_\_\_\_

SESSION/ACTIVITY \_\_\_\_\_

DIAGNOSIS OR CONDITION FOR WHICH MEDICINE IS PRESCRIBED  
\_\_\_\_\_

MEDICINE PRESCRIBED \_\_\_\_\_

AMOUNT TO BE GIVEN \_\_\_\_\_

TIME MEDICINE IS TO BE GIVEN \_\_\_\_\_

DATE TO START MEDICINE \_\_\_\_\_

DATE TO STOP MEDICINE \_\_\_\_\_

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
PARENT NAME/PHONE #

\_\_\_\_\_  
PHYSICIAN NAME/PHONE#

Rx # \_\_\_\_\_

Rx DATE \_\_\_\_\_