

# PLEASE BRING TO CAMP WITH YOU

## Camp Nyoda

### Request to Administer Medication

#### Dear Parent:

To request the administration of medication while at camp, please note:

- This form must be completed by you and signed by your child's health care provider.
- A new form is needed for each medication.
- The medication must be provided to the nurse by the parent.
- The prescription medical container must be labeled by the pharmacy with the camper's name, prescriber name, name of medication, dosage, route, conditions for storage, prescription date, and expiration date.
- Discretionary medicines given regularly must be in the original box, accompanied by this form.
- A daily vitamin requires the completion of this form and the original container but does not require the physician's signature.

### Health Care Provider Instructions for Giving Medication While at Nyoda

Name of Camper \_\_\_\_\_ Birth date \_\_\_\_\_ SS \_\_\_\_\_

Diagnosis \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_

Route \_\_\_\_\_ Time \_\_\_\_\_ Frequency \_\_\_\_\_

For Symtoms: \_\_\_\_\_

Physician/Prescriber Name/Address:

\_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

### To be Completed By Parent

I hereby give permission for the nurse or designee to administer the medication listed on this form to my child during the camp day and for the nurse to communicate with the prescribing physician.

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_