



Medication Administration Consent Form

TO PHYSICIANS AND PARENTS OF CHILDREN REQUIRING MEDICATION DURING CAMP:

You are requested to complete this form or provide an electronic equivalent so that required medication may be administered at Camp in compliance with the rules and regulations of the Erie County Department of Health.

Physician's Section:

Name of Camper: _____

Address of Camper: _____

Diagnosis: _____

Medication: _____ Dosage: _____ Frequency: _____

Possible Side Effects: _____

Medication: _____ Dosage: _____ Frequency: _____

Possible Side Effects: _____

Special Instructions: _____

Date Order is Effective: _____

Physician's Signature: _____

Address: _____

Physician Stamp:

Parent's Section:

I hereby request that my child, _____, be given the medication above as prescribed by the above physician.

Parent's Signature

Date