



# 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