

Kids For The Nations Day Camp Physician Drug Authorization Form



Part Two –Prescription Medication: *to be completed by the physician.*

Please understand that **by law** we cannot administer any prescription medication to your child unless we have this form completed by your physician. All medications must be in their original container from the pharmacy with the current prescription label on the container. Your pharmacy will provide you with an empty bottle if you need one.

Name of medication: _____

Reason for medication: _____

Dose: _____

This medication is:

Emergency Medication Daily Medication Other: _____

Time of administration at camp:

10:00 - 11:00 AM 11:00 AM -12:00 PM 12:00 - 1:00 PM 1:00 - 2:00 PM

Effective Dates: From _____ To _____

Special Instructions: _____

Can a reaction be expected? Yes No

If so, please explain: _____

Physician's Signature: _____ Date: _____

Physician's phone number: (_____) _____