

Belvoir Terrace

AUTHORIZATION TO ADMINISTER MEDICATION TO A
CAMPER

(To be completed by parent/guardian)

Name of Camper: _____ Age: _____

Grade: _____ Parent/Guardian

Name: _____

Food/Drug Allergies: _____

Home Telephone: _____

Diagnosis: _____

Business Telephone: _____

Emergency Telephone: _____

Name of Licensed Prescriber: _____

Signature of Licensed

Prescriber: _____

Business Telephone: _____

Emergency Telephone: _____

Name of Medication: _____

Dose given at camp: _____

Route of Administration: _____

Frequency: _____

Date Ordered: _____ Duration of Order: _____

Quantity Received: _____

Expiration date of Medications Received:

Special Storage Requirements:

"Specific Directions (e.g., on empty stomach/with water):

"

Specific Precautions:

Possible Side Effects/Adverse Reactions:

Other Medications:

Authorization to Administer Medication to a Camper

"I Hereby authorize Belvoir Terrace to administer to my child,
_____, the medication(s) listed above."

(Name of Child)

Parent/Guardian Signature: _____

Date: _____

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