



Camp Medication Permission Request Form

In accordance with NYS law, this camp requires that all campers who need medication **during camp hours** must do the following:

1. Present a written consent form signed by the health care provider stating what medication is needed, the dosage and when the medication is to be given.
2. Present written consent from parent for student to receive medication as prescribed by the health care provider.
3. Bring the medication in the original container, with pharmacy/ package label, to the health office personnel.

Name of Camper: _____ Date of Birth: _____

To be completed by the Health Care Provider:

Name of Medication: _____

Dosage: _____

Specific times to be given: _____

Length of time: _____

Are there any restrictions? _____ YES _____ NO

If YES, what are they and for how long? _____

Printed Name of Provider

Signature of Provider

Address

Provider Phone Number

To be completed by Parent/Guardian:

I, _____, give permission for my child to receive the above medication as directed.

Parent/ Guardian Signature: _____ Date: _____

Home Phone: _____

Work Phone: _____