



**Office Use Only**  
**Camper's Group**  
\_\_\_\_\_

**Authorization for Administration of Medication**

***MEDICATION PERMISSION REQUEST FORM***

**In accordance with New York State regulations, Pierce Day Camp requires that all campers who need prescription and non-prescription medication while at camp have their physician fill out and sign this form.**

**A. To Be Completed by Parent or Guardian:**

I request that my child \_\_\_\_\_, receive the medication as prescribed below by our licensed health care provider. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the camp nurse, or other assigned person will administer the medication.

Signature (parent / guardian) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**B. To be completed by the licensed health care provider:**

I request that my patient, as listed below, receive the following medication:

Name of Camper: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Prescribed Dosage, Frequency and Route of Administration: \_\_\_\_\_

Time to be taken During Camp Hours: \_\_\_\_\_ Duration of Treatment: \_\_\_\_\_

Possible Side effects and Adverse Reactions (if any): \_\_\_\_\_

Other Recommendations: \_\_\_\_\_

Name of Licensed Prescriber & Title (please print): \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_