

EASTCHESTER RECREATION CAMP MEDICAL AUTHORIZATION FORM

♦ Submit this form on their first day of camp ♦

Under certain circumstances, when it's necessary for a child to take medication during camp hours, the Health director/Onsite EMT may supervise the child in administering their own medication with permission from the parents and written instructions from the child's physician. If your child needs to take medication during camp hours, please complete the form below and bring it to camp, with the medication, the first day your child attends camp.

Also, if your child carries an Inhaler, EpiPen or any other medication this form needs to be filled out and signed by the child's physician.

I hereby give permission to the Health Director/Onsite EMT to supervise the administering of the medication as stated below, by our physician, to my child.

Camper's Name: _____

Parents Name(s): _____

Parents' Phone#: _____

Parent Signature: _____

Child's Name: _____ is to receive _____
(name of medication)

for _____
(diagnosis of condition)

Dosage and frequency: _____

Possible side effects: _____

Purpose of Medication: _____

PHYSICIAN'S PHONE: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S SIGNATURE/STAMP: _____