

## Emergency Care Authorization Form

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

Parent Name: \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY PHYSICIAN

Name of Medication	Dosage	Method of Administration	Administration Schedule

Specify length of time between doses: \_\_\_\_\_

Possible side effects of medication: \_\_\_\_\_

Emergency procedure in case of serious side effects:

\_\_\_\_\_

\_\_\_\_\_

Does Camper need to carry medication at all times? ☐ YES ☐ NO

I request and authorize that the above named camper be administered the above identified medication in accordance with the instructions indicated above from \_\_\_\_\_ to \_\_\_\_\_ (not to exceed the current Camp Season) as there exists a valid health reason which makes administration of the medication advisable during Camp hours.

Date of Signature \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_ Print Name of Physician \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN

I request/authorize Camp Staff to assist Camper with self-administration of medication via instruction and prompting based on training provided to Staff by Parent/Guardian. I am aware that my child will be responsible for carrying their inhaler or medication. I am aware that my child must understand how to self administer any necessary medications.

Date of Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_