

**PERMISSION TO DISPENSE MEDICATION  
BY CAMP PROGRAM STAFF**

**Directions:** Under no circumstances will medication be dispensed without written permission on file. This includes any prescription, non-prescription or over-the-counter medications. It is preferred that medication be given at home whenever possible. If it must be given during camp, the following form must be completed. A separate form must be completed for each medication. Please type or print in black ink. **Incomplete forms will be returned.**

**PARTICIPANT INFORMATION**

Participant's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Total Number of Medications/Forms \_\_\_\_\_

**PHYSICIAN SECTION**

Name of Medication \_\_\_\_\_  
Dosage \_\_\_\_\_  
Reason Taken \_\_\_\_\_  
Times Taken Each Day \_\_\_\_\_  
Date/Time to Begin Medication \_\_\_\_\_  
Date to Discontinue Medication \_\_\_\_\_  
Possible Side Effects \_\_\_\_\_  
Special Instructions \_\_\_\_\_

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

**PARENT/GUARDIAN SECTION**

I authorize program staff to administer this medication and agree to:

1. Send and maintain an adequate supply of the medication (appropriately labeled) to the camp session.
2. Assure that the medication is the one dispensed by the physician or pharmacist and labeled with the participant's name, name of medication, dosage and time of administration.
3. Be advised that under no circumstances will medication be dispensed without written permission or without a container identifying the participant's name, the name of the medication and the dosage. Verbal permission will not be acceptable at any time.
4. Be advised a new signed permission statement will be necessary for any change in physicians, dosage, medication or procedure change.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**