



Authorization for Administration of OTC Medication

YEAR: _____

Important Information: This Form is required for every Camper attending camp who may need OTC medication (including vitamins) on an as-needed or regular basis. The Camper's Health Care Prescriber must provide authorization.

Page 1 of 1

If Authorization for Administration of Medication covering OTC medications is not received, Health Care provider/Prescriber permission must be obtained before every case where administration of any medication is indicated and treatment may be delayed.

Authorization for OTC Medication 2018-3

CAMPER INFORMATION (TO BE COMPLETED BY PARENT / GUARDIAN)

First Name: _____ **Last Name:** _____ **Date of Birth:** _____

Camp DeWolfe Session Information **Explorer Camp** **Day Camp Session(s)**
Discovery Camp **Leaders in Training**
Adventure Camp

Home Address: _____ **City:** _____

State: _____ **Zip:** _____ **Primary Phone** _____

PARENT / GUARDIAN AUTHORIZATION

I AUTHORIZE CAMP DEWOLFE TO ADMINISTER MEDICATION TO MY CHILD AS DESCRIBED AND DIRECTED BY THE HEALTH CARE PROVIDER:

Parent/Guardian Printed Full Name _____ **Signature** _____ **Date** _____

Relationship to Camper: _____

Street Address: _____ **City:** _____

State: _____ **Zip:** _____ **Primary Phone** _____

Health Care Provider's Authorization

Prescriber, the Parent / Guardian of the Camper listed above has indicated the need for OTC medication while at camp. **This**

Camper Takes the Following OTC Medications: _____ **Today's Date:** _____

Check if this Authorization is valid for all Camp Programs within One (1) Year of 'Today's Date.'

Medication	Dosage / Method	Frequency/Time of day	Reason

Health Care Provider Signature **Health Care Provider Printed Name** **Date Signed**

Address: _____ **Phone:** _____