

# MEDICATION AUTHORIZATION FORM

(REQUIRED: SUBMIT completed form to Camp Nurse at check-in)

1. A "medication" is ANY substance taken to maintain and/or improve health. This includes any medication, prescription drugs, vitamins and natural remedies.
2. NYS law requires a physician's signature for any medication to be dispensed by our Camp Nurse. *NO medications of any sort will be dispensed to your child without your doctor's signature of approval on this form.*
3. Please review in entirety this form and complete as necessary to allow or disallow medication dispensation to your child.



CAMPER LAST NAME



## MEDICATIONS PROVIDED BY FOWLER

The following medications are provided by Fowler and dispensed by the camp nurse with assessment and if deemed necessary, given as prescribed by the manufacturer's recommended dosage.

**Medical personnel only: Circle one option below.**

- **FOR THIS CAMPER ALL MEDICATIONS LISTED MAY BE GIVEN. OR**
- **ONLY the following medications may be given: those crossed out MAY NOT BE GIVEN.**

**TUMS • BURN SPRAY • HYDROCORTISONE 1% • BENADRYL  
• TYLENOL • IBUPROFEN • CALAMINE LOTION**



OVER-THE-COUNTER DRUGS  
(PROVIDED BY FOWLER)

FIRST NAME

## PRESCRIPTION & OTHER MEDICATIONS AS DEFINED ABOVE

All prescription and other medications must be brought to camp in the original container with the label attached. The AUTHORIZATION SCHEDULE herein must be completed for each medication by the child's physician. Physician must give contact information and authorize dispensation with his/her signature.

**Medical personnel only: Circle one option below.**

- **THIS CAMPER WILL NOT TAKE ANY DAILY MEDICATIONS WHILE ATTENDING CAMP. OR**
- **This camper WILL take the following daily prescription medications while attending camp.**
- **AND/OR This camper WILL take other non-prescription medications not provided by camp as listed below.**

DIAGNOSIS	MEDICATION	DOSAGE	FREQUENCY	INSTRUCTIONS
			<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> BEDTIME <input type="checkbox"/> AS NEEDED (EXPLAIN)	
			<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> BEDTIME <input type="checkbox"/> AS NEEDED (EXPLAIN)	
			<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> BEDTIME <input type="checkbox"/> AS NEEDED (EXPLAIN)	

PRESCRIPTION & OTHER MEDICATIONS  
(BRING TO CAMP IN ORIGINAL CONTAINER WITH THIS COMPLETED FORM)



GENDER

AGE

WEIGHT

## REQUIRED SIGNATURES & CONTACT INFORMATION

Authorizing Physician's Name & Signature: 	Parent/Guardian Name & Signature: 	REFUSAL: NO OTC OR PRESCRIPTION DRUGS ADMINISTERED. PHYSICIAN SIGNATURE NOT REQUIRED. CHECK HERE & INITIAL TO REFUSE: <input type="text"/>
Day Phone:	Day Phone:	

**PARENTS REMEMBER: BRING TO CAMP: completed Medication Authorization & Camper Immunization list.**