



Camp Medication Permission Request Form

In accordance with NYS law, this camp requires that all campers who need medication **during camp hours** must do the following:

1. Present a written consent form signed by the health care provider stating what medication is needed, the dosage and when the medication is to be given.
2. Present written consent from parent for student to receive medication as prescribed by the health care provider.
3. Bring the medication in the original container, with pharmacy/ package label, to the health office personnel.

Name of Camper: _____ Date of Birth: _____

To be completed by the Health Care Provider:

Name of Medication: _____
 Dosage: _____
 Specific times to be given: _____
 Length of time: _____
 Are there any restrictions? _____ YES _____ NO
 If YES, What are they and for how long? _____

Printed Name of Provider	Signature of Provider	Date
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Provider Address _____
 Provider Phone Number: _____

To be completed by Parent/Guardian:

I, _____, give permission for my child to receive the above medication as directed.

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
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Home Phone: _____

Cell Phone: _____

Work Phone: _____