



EASTERN PENNSYLVANIA CONFERENCE
 UNITED METHODIST CHURCH
 PO BOX 820
 VALLEY FORGE, PA 19482

POCONO PLATEAU
 CAMP & RETREAT CENTER
 RR 2 BOX 2747
 CRESCO, PA 18326



AUTHORIZATION FOR MEDICATION ADMINISTRATION

PLEASE NOTE: If your child requires more than one medication, you must complete and sign a form for each of the medications. **THIS APPLIES TO ALL PRESCRIPTION AND NONPRESCRIPTION MEDICATIONS, OINTMENTS, AND DROPS.** You may copy this form.

If your child must receive medication during his/her scheduled summer camping session, please complete this form and bring it along with the prescribed and described medication to camp with your child. Submit the form and the medication to the Camp Health Staff at the time of registration. **NO** medication will be given from a container unless his/her name is on the original prescription.

PRESCRIBING PHYSICIAN INFORMATION

1. Child's Full Name _____
2. Diagnosis _____
3. Medication Prescribed and Term _____
4. Prescribed Dosage _____
5. Time Schedule _____
6. Possible Side Effects _____

I certify that it is imperative that the medication prescribed above be taken during this child's camping session.

 (Physician's Signature) (Printed Name) (Phone) (Date)

PARENT AUTHORIZATION

I, _____ give my consent to the Health Care Supervisor to
(Name of Parent/Guardian)
 administer the above medication to my child _____ during
(Name of Child)
 his/her summer camp session from _____ through _____
(Starting Date) (Closing Date)

 (Signature of Parent/Guardian) (Printed Name) (Phone) (Date)

THIS SECTION COMPLETED BY HEALTH CARE STAFF ONLY

1. ___ Permission form completed
2. ___ Safety type container
3. ___ Original prescription label
4. ___ Name of this child is on the label
5. ___ Date on prescription label is current/expiration date not passed
6. ___ Dose, name of drug, frequency of administration on label is consistent with instructions given
7. ___ OTC, original container, expiration date not passed
8. ___ Will carry on person _____

 (Health Care Staff Approval)