

Authorization for Medication/Treatment

Student's Name: _____ Grade: _____ Date of Birth: _____

OTC (Over-the-counter) STANDING ORDERS

MEDICATION	DOSAGE & ROUTE	FREQUENCY	INDICATION FOR USE
Acetaminophen	PER BOTTLE INSTRUCTIONS		
Ibuprofen	PER BOTTLE INSTRUCTIONS		
Benadryl	PER BOTTLE INSTRUCTIONS		
Tums	PER BOTTLE INSTRUCTIONS		
Caladryl Lotion	PER BOTTLE INSTRUCTIONS		
Neosporin/Polysporin	PER BOTTLE INSTRUCTIONS		
Chloraseptic Throat Spray	PER BOTTLE INSTRUCTIONS		
Cough Drops	PER PACKAGE INSTRUCTIONS		

OTHER MEDICATIONS

MEDICATION	DOSAGE & ROUTE	FREQUENCY	INDICATION FOR USE

TREATMENTS DURING CAMP HOURS (i.e.; nebulizer, blood glucose checks, etc.)

Physician's Name (Please print)

Physician's Signature

Date

Physician's Telephone #: _____ Fax #: _____

I grant the nurse, principal or his/her designee the permission to assist or perform the administration of each medication or treatment/procedure to or for my child during the school day including when he/she is away from school property for official school events.

NOTE:

- Medication will only be administered if a completed Authorization for Treatment form has been submitted.
- Prescription or other than common OTC medications supplied by the school supply must be in the original container.
- Only medications/treatments authorized by a physician may be administered by school personnel.
- It is your responsibility to notify the school when there is a change in medication/treatment regimen.

RELEASE: THIS STATEMENT MUST BE SIGNED FOR ATTENDANCE. The person herein described has permission to engage in all prescribed activities as noted. Initial: _____

MEDICAL INFORMATION

Your camper's health and safety is very important to all of us at Camp Nova. Please be assured that we will share any and all medical/allergy information with your campers' counselors, including all camp vendors who interact with your children. Please let us know if there are any additional concerns that the Camp Nova staff should be aware of?

Parent/Guardian Name (Please print)

Signature of Parent/Guardian

Date

Home Phone Number

Work Phone Number (Include Ext. if any)

Cell
