

DOCTORS ORDERS - PRESCRIPTIONS & REGULAR OTC



REQUEST FOR MEDICATION/ MEDICAL PROCEDURES TO BE GIVEN AT CAMP TIMBERLINE

State child care regulations require prescriptions, regular over-the-counter medication (OTC), and any OTC not on the approved Health Hut list to be in the original container and doctor's orders concerning the following appropriateness and method of administration to be submitted with the information below.

IMPORTANT NOTES: If your child is not bringing one of these items, you do NOT need to complete this form.

If your physician's office or school has a version of this available, a copy can be given to us in place of this form on Opening Day.

Doctor's Orders are required for EACH prescription, regular OTC, and any OTC not on camp's approved Health Hut list.

Camper Name: _____ Date of Birth: _____

Session: _____

Name of Medication/Medical Procedure: _____

Dosage: _____ Time Each Day (please circle): Morning Lunch Dinner Bedtime

Date to Begin: _____ Date to End: _____

Medical Diagnosis: _____

Expected Action of Medication/ Medical Procedure/Side Effects (please write on reverse if additional space is needed or attach additional pages:)

The undersigned understand and agree that the above medication/medical procedure may be administered by the camp RN/NP/MD in accordance with the above instructions.

PHYSICIAN:

Name: _____ Phone: _____

Physician Signature: _____ Date: _____

PARENT/LEGAL GUARDIAN:

I hereby give permission for the camp to administer the medication and treatments as prescribed above.

I also give permission for the camp to contact the above health care provider regarding the administration of this medication/medical procedure and share the above the information with pertinent camp staff.

Name: _____ Phone: _____

Parent Signature: _____ Date: _____