



## 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 \_\_\_\_\_

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 \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_