

MEDICATION ADMINISTRATION AUTHORIZATION FORM

This form is to be completed in full if you would like HealthQuest of Hunterdon to administer the required medication. One form must be filled out for each medication.

*medication must be in a container labeled by pharmacist or doctor

*adult must bring the medication to camp

PRESCRIBER'S AUTHORIZATION

Name of camper: _____ DOB ____/____/____

Condition for which medication is being administered:

Medication name: _____

Dose: _____ Frequency _____

Time of : Last Dose _____ Next Dose _____

Relevant side effects: _____

Doctors name/title: _____

Telephone: _____

Address: _____

Doctor's signature: _____

Please note the medication must be picked up each day or it will be discarded.

Parent guardian authorization

I/we request the designated camp personnel to administer the medication as prescribed by the doctor above. I/we certify that I/we have the legal authority to consent to medical treatment for the camper named above.

Parent/guardian signature: _____ Date _____

Phone # _____

Emergency contact if unavailable to reach parent/guardian:
