

JMU 4 Kids MEDICATION PERMISSION

Dear Parent/Guardian,

If your doctor feels it is necessary for medication to be administered at camp, the following Part A needs to be completed by the Physician and Part B by a Parent/Guardian.

Please deliver your child's medication directly to the camp nurse in the original, properly labeled container.

For Prescription Medication-Labels should display:

- Camper's Name
- Name and Phone # of the pharmacy
- Doctor's Name
- Name, dose, frequency & route of administration of the medicine
- Any other necessary directions

For Over The Counter Medication-Must be in the original, manufactures' container with the camper's name affixed to the container.

Part A: Completed By Physician

_____ has been under my care for _____.
(Camper's Name) (Condition or Diagnosis)
s/he may return to camp but must take _____. This medication cannot
(Medication)
be taken effectively outside camp hours. Please administer the medication as follows:

Dose:_____ Route:_____ Frequency:_____ Time:_____ Duration:_____

Special Instructions:_____

Doctor's Name (Print)

Doctor's Signature

Phone Number

Date

Part B: Completed By Parent/Guardian

I have read and understand the top of this form. I hereby grant permission for my child to receive medication as directed by his/her physician.

Parent/Guardian Signature

Phone Number

Date

This Form May Be Faxed To: 439-3872