

CAMP WATTOH

BECKET, MASS.

PERSONAL MEDICATION AUTHORIZATION

I, \_\_\_\_\_, Parent of \_\_\_\_\_, hereby authorize Camp Wattoh to administer the following medication(s) to my child in accordance with the orders issued by the physician whose name appears on the prescription label. I understand that these medicines must be brought to camp in original containers, bearing the name of the prescribing doctor.

MEDICATION #1

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Prescribing Physician's Name and Telephone Number: \_\_\_\_\_

Special Instructions \_\_\_\_\_

MEDICATION #2

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Prescribing Physician's Name and Telephone Number: \_\_\_\_\_

Special Instructions \_\_\_\_\_

MEDICATION #3

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Prescribing Physician's Name and Telephone Number: \_\_\_\_\_

Special Instructions \_\_\_\_\_

\_\_\_\_\_  
*Parent's Signature & Date*

*For Camp Use Only*

*I have reviewed the above information and, as Health Supervisor of Camp Wattoh, authorize the dispensing of the medication described.*

Date: \_\_\_\_\_

\_\_\_\_\_  
*HEALTH CARE SUPERVISOR*