

CAMP OASIS Medication Authorization Form

This form is required if your child will need any medication, prescription or non-prescription, while attending camp. To be filled out completely by parents or physician, and **signed by a physician**. PLEASE PRINT LEGIBLY!

Camper's Name: _____ Home Phone: _____

Camper's Address: _____
Street City State Zip

MEDICATION POLICY: A non-medical and non-nursing person will administer medication(s). If possible, arrange time of dosage so that medication(s) will not have to be given while the child is at camp. Prescription medication must be in its original bottle with the doctor's instructions. Non-prescription medication must be in its original packaging, and will be given according to package directions unless accompanied by a note from a physician indicating otherwise.

The following medication(s) must be given during camp hours:

Medication	Dosage	Hour Given
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Administration instructions (give with water, milk, food, etc.):

List any reasons for not giving medication at the prescribed time (vomiting, fever, drowsiness, etc.):

This medication is to be administered only until: _____ (Date)

The following medication(s) are administered only at home:

Medication	Dosage	Hour Given
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For all medications, including those given at home, list all side effects which should be observed by camp personnel:

PARENT AUTHORIZATION: Before Camp Oasis staff can administer any medication to your child, you are required to sign this authorization form indicating your desire to have the medication(s) administered, as well as your agreement to relieve Camp Oasis, its agents, employees, or representative of any responsibility for ill effects resulting from the administering of said medication as set forth within.

Please choose an option below:

- My child is at least 8 years old (by June 27, 2011), and has my permission to administer his/her own medication under the supervision of Camp Oasis staff.
- My child is 8 years old or older, but I would prefer that Camp oasis staff administer my child's medication.
- My child is under age 8, and must have his/her medication administered by Camp Oasis staff.

We therefore authorize and request that CAMP OASIS administer the medication prescribed by our physician, and in doing so, relieve CAMP OASIS, its agents, employees or representatives of any responsibility for ill effects resulting from the administering of said prescription or non-prescription medication.

Signature of Parent:

Witness: _____ **Date:** _____

This form must be kept current. Whenever there is a change in medication, parents must have a new form signed by the physician. **This form must be signed by a physician to be valid.**

Physician's Signature: _____ **Date:** _____

Address: _____ **Phone Number:** _____