

AUTHORIZATION FOR MEDICATION

Rocky Mountain Mennonite Camp



Camper Name _____ Date of Birth _____

All medications, prescribed or over-the-counter (including vitamins, homeopathic medication and essential oils) must have authorization of the prescribing practitioner to be administered.

All medications must be sent in the original container (not in baggies or unlabeled containers).

Medications prescribed for campers (including inhalers) shall be from a licensed pharmacy; labeled with the name, address, and phone number of the pharmacy; name of the camper; name and strength of the medicine; directions for use; date filled; prescription number and the name of the practitioner prescribing the medicine.

Medication						
Dose						
Frequency	Taken at	<input type="radio"/> Breakfast	<input type="radio"/> Lunch	<input type="radio"/> Supper	<input type="radio"/> Before Bed	<input type="radio"/> As Needed
Notes						

Medication						
Dose						
Frequency	Taken at	<input type="radio"/> Breakfast	<input type="radio"/> Lunch	<input type="radio"/> Supper	<input type="radio"/> Before Bed	<input type="radio"/> As Needed
Notes						

Medication						
Dose						
Frequency	Taken at	<input type="radio"/> Breakfast	<input type="radio"/> Lunch	<input type="radio"/> Supper	<input type="radio"/> Before Bed	<input type="radio"/> As Needed
Notes						

If the camper has asthma , they are permitted to carry their own inhaler and use it as directed with staff supervision, with the parent(s) / guardian(s) written consent AND authorization from the prescribing practitioner. As the prescribing practitioner, I give authorization for the camper to carry their inhaler.			<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
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Signature of Physician or Health Care Provider		Name (print)	Date
Office Name	Phone		
Address	Fax		
City / State / Zip	Email		

Signature of Parent/Guardian		Name (print)	Date
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