

Rancho Cortez Camper Medicine Authorization Form

Camper's Name: _____ Parent/Guardian Name: _____

Physician: _____ Phone: (____) _____

I request that my child be assisted in taking the medicine listed below by authorized person(s).

My child has my permission to medicate her/himself.

Name of Medicine: _____

Diagnosis for which medicine is given: _____

Form (i.e., liquid, tablet, injection): _____

Dose: _____

If medicine is to be given "daily", at what time(s)? _____

If medicine to be given "when needed", describe indications: _____

How soon can the dosage be repeated?: _____

List significant side effects: _____

Length of time treatment is recommended: _____

Additional information: _____

Name of Medicine: _____

Diagnosis for which medicine is given: _____

Form (i.e., liquid, tablet, injection): _____

Dose: _____

If medicine is to be given "daily", at what time(s)? _____

If medicine to be given "when needed", describe indications: _____

How soon can the dosage be repeated?: _____

List significant side effects: _____

Length of time treatment is recommended: _____

Additional information: _____

Parent/Guardian Signature: _____ Date: _____