

REQUEST FOR MEDICATION TO BE ADMINISTERED AT CAMP

IN ORDER FOR MEDICATIONS TO BE ADMINISTERED AT CAMP TIOGA, STATE LAW REQUIRES THAT WE RECEIVE A WRITTEN REQUEST FROM YOUR FAMILY PHYSICIAN WHICH IS SIGNED BY BOTH THE PHYSICIAN AND PARENT/GUARDIAN. THE FORM MUST SHOW THE FREQUENCY, DOSAGE, AND SIDE EFFECTS, AND MUST BE ON FILE WITH OUR NURSE. A SEPARATE FORM MUST BE FILLED OUT FOR EACH NEW MEDICATION OR CHANGE OF DOSAGE.

TO BE COMPLETED BY A PARENT OR GUARDIAN:

1. I REQUEST THAT CAMP TIOGA'S NURSE OR HER ALTERNATE ADMINISTER THE MEDICATION/S REQUESTED BY MY PHYSICIAN TO MY CHILD.
2. I WILL DELIVER THE MEDICATION/S DIRECTLY TO CAMP TIOGA IN A CONTAINER LABELED BY THE PHARMACIST WHICH INCLUDES THE NAME AND DOSAGE OF THE MEDICATION.

CHILD'S NAME: _____ DATE: _____

SIGNATURE: _____ **RELATIONSHIP:** _____

TO BE COMPLETED AND SIGNED BY THE PHYSICIAN:

SPECIFIC DIAGNOSIS: _____

NAME OF MEDICATION: _____

DURATION OF REGIMEN: _____

SCHEDULE (DAILY/AS NEEDED): _____

EXACT DOSAGE-AMOUNT TO BE GIVEN: _____

TIME TO BE GIVEN: _____

SIDE EFFECTS TO EXPECT OR REPORT: _____

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

**** ONLY RETURN THIS FORM WITH MEDICATION TO BE GIVEN AT CAMP****
All medications must be sent to the camp prior to June 10th
in order to be administered during the first week of camp.