NATIONAL COMPUTER CAMPS, 102 SHOREFRONT, MILFORD, CT 06460

Authorization: Camper Self Administration of Medication at Camp

THIS FORM ONLY FOR CONNECTICUT

MUST BE SIGNED BY A PARENT AND BY A PHYSICIAN

Authorized prescriber (physician or dentist) order date ______/______/______

CAMPER NAME____SEX__________ BIRTH DATE______________
(LAST) (FIRST)

ADDRESS____ PHONE ( ) __________________
(STREET) (TOWN) (STATE)

CONDITION FOR WHICH DRUG IS TAKEN____

DRUG NAME AND METHOD OF ADMINISTRATION ____

TIMES OF ADMINISTRATION______________________ TO BE ADMINISTERED FROM _____/_____/_____ TO ____/____/____

IMPORTANT: THIS MEDICATION PRESCRIPTION AND/OR OVER THE COUNTER MEDICATION IS TO BE SELF ADMINISTERED BY THE CAMPER UNDER THE SUPERVISION OF CAMP STAFF

SIDE EFFECTS TO BE OBSERVED, IF ANY ____

AUTHORIZED PRESCRIBER (PHYSICIAN OR DENTIST) NAME ______________________TEL ______________________

ADDRESS______________________ ________ ______________________
(STREET) (TOWN) (STATE) (ZIP)

PRESCRIBER'S SIGNATURE - PHYSICIAN OR DENTIST (NO STAMP)__________________________

AUTHORIZATION FOR THE ADMINISTRATION OF THE ABOVE MEDICATION TO BE COMPLETED BY A PARENT OR GUARDIAN

I hereby request that the above medication (Rx and/or over the counter) ordered for my child

Camper's Name: ____

be self administered by my child in the presence of camp staff. I understand that I must supply the camp with the prescribed medication in the original container and properly labeled by an authorized prescriber or pharmacist. Over the counter medication must be in the original container labeled by the parent with the child's name.

Name of Parent /Gaurdian______________________________**Signature**______________________

Relationship to Child______________________________ Tel ( ) ______________________

Street Address______________________________City________________ State____ Zip _________

MAIL THIS FORM TO THE CAMP OFFICE AS SOON AS POSSIBLE. AFTER JUNE 15th BRING IT TO CAMP.

NO CAMPER WILL BE ADMITTED TO CAMP WITHOUT HAVING THIS FORM ON FILE AT CAMP.