NATIONAL COMPUTER CAMPS, 102 SHOREFRONT, MILFORD, CT 06460

THIS FORM ONLY FOR CONNECTICUT

Complete one form for each Rx AND for each over the counter medication

Authorization: Camper Self Administration of Medication at Camp

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.