



Camper Medication Authorization

- **Campers taking prescribed medication at Camp His Way must submit this form signed by a Licensed Health Care Provider to attend camp.**
- The physician's orders must match the medication information the parent entered into the online registration as well as any labels on the prescribed medications.
- Please upload to your online registration account after obtaining the physician's signature.
- **Medications must be given to the Camp Nurse in the original container upon arrival at camp.**
- Only send the required amount of medication needed for the extent of the camper's session.

Camper Name: _____
First Middle Last

Male

Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The above camper will be taking the following prescribed medications at camp:

MEDICATION	DOSAGE	QUANTITY	FREQUENCY	ROUTE	REASON

Licensed Health Care provider (please print): _____

Physicians Signature: _____ Title: _____

Office Address _____

Telephone: (_____) _____ Date: _____