KEEFE TECH SUMMER DISCOVER CAMP

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Summer Discover Prescription Medication Permission

Please fill this section out ONLY if your child requires medicine while at camp

Prescription medication must be brought to the nurse by a responsible adult in the original pharmacy bottle accompanied by parental permission and the licensed prescriber's authorization. The licensed prescriber's authorization must be dated throughout the duration of the program.

I give permission to the nurse to give my child _____ the following medication, as authorized below by the licensed prescriber.

I will supply the medication in the original labeled bottle. Permission is given to the nurse to notify staff at the nurse's discretion.

Parent/Guardian signature: _____ Date: _____

Licensed Prescriber Authorization

Child Name: _____ D.O.B. _____

Diagnosis: _____

Name of Medication: _____ Dose: _____ Time:_____

Side Effects: _____ Allergies: _____

Other Pertinent Information: _____

Duration of prescription: From: _____ To: _____

Printed Name or Stamp

_____

Licensed Prescriber's Signature

Telephone: _____

Date: _____

Summer Discover NON-Prescription Medication Permission

Please fill this section out to give the camp nurse permission to administer the listed below medications as needed

I give permission to the nurse to give my child _____ the following over-the-counter medications. (adult doses only) If pediatric medication is needed, please supply medication in its original container along with the appropriate dosage (Circle all that may apply).

Ibuprofen **Tylenol** **Benadryl** **Tums** **Visine** **Sunscreen**

Parent/Guardian signature: _____ Date: _____

PLEASE RETURN THIS PAGE WITH CAMP APPLICATION