

Physician's Medication Order Form.

(This form is needed only if your child needs medication the week of Camp)

If your child needs medication during the week of camp, please have this form filled out by physician ordering medication and returned to parent

for delivery to Camp on:

Monday July 24, 2017.

Name of Patient _____ Date of Birth _____

The following medications must be given during camp.

Medication	Dosage	Hour Given
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Administration (Specify: Water, milk, food, etc.) _____

For medications listed above, list all side effects, which should be observed by camp personnel.

1. _____

2. _____

3. _____

List any reasons for not giving medication at the prescribed time
(fever, vomiting, drowsiness, convulsions etc...)

Physician's Signature _____ Date _____

To Parents:

Before the Camp can administer any medication to your child, you are required to sign this authorization form which signifies your desire to have the medication(s) administered, as well as your agreement to relieve the camp of any responsibility for ill effects resulting from the administration of said prescribed medication.

I authorize Mountain Top Bible Camp to administer the medication(s) prescribed by our physician and relieve the camp of any responsibility for ill effects, which may result from the administration of said medication.

Parent's Signature _____ Date _____