

# Camper Medication Authorization Form

Complete only if necessary. Please fill out one form for each medication.

*This section is to be completed by camper's Doctor prior to camp.*

Camper's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Camp Attending \_\_\_\_\_ Camp Dates \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time of Day to be administered \_\_\_\_\_

Purpose of Medication \_\_\_\_\_

Special Instructions \_\_\_\_\_

\_\_\_\_\_  
Signature of Doctor or person with prescriptive authority      Date

\_\_\_\_\_  
Printed Name      Phone Number \_\_\_\_\_

**Note:** All medication brought to camp must be in the original container which clearly states the child's name, the health care provider, name of medication, date, and dosage. This applies to prescriptions as well as over-the-counter medications. Camp personnel are not responsible for the administration or control of the medication. All campers must be able to self-administer their required medication. All medications must be taken home overnight and are not to be left on site.

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*This section is to be completed by camper's parent or guardian prior to camp.*

I hereby give my permission for \_\_\_\_\_ to take medication listed on this form. I understand it is my responsibility to furnish the medication in the original container which clearly states the child's name, the health care provider, name of medication, date and dosage.

\_\_\_\_\_  
Signature of Parent or Guardian      Date

\_\_\_\_\_  
Printed Name

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Please email completed forms to [stemexp@gmail.com](mailto:stemexp@gmail.com), fax to 704.330.6810, or mail by postage to CPCC Services Corporation, P.O Box 35009, Charlotte, NC, 28235. *Thank you.*