

**COMPLETE ONLY IF CAMPER IS TO TAKE MEDICATION DURING CAMP HOURS**

SPHS FOTT PALADIN PLAYHOUSE SUMMER THEATRE CAMP 2017  
 AUTHORIZATION FOR MEDICATION/TREATMENT

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Allergies:

Reasons for Medication:

MEDICATION	DOSAGE & ROUTE	FREQUENCY	SPECIFIC TIMES	SPECIAL INSTRUCTIONS/SIDE EFFECTS

**Campers who need assistance with the administration of their medication will receive assistance from the Camp Director. However, ONLY medications listed on this form will be administered and ONLY per guidelines provided by the parent.**

**There will not be a medical professional on site.**

I grant the Camp Director the permission to assist or perform the administration of each medication to my child during camp hours.

NOTE:

- **Medications must be supplied in the original container.** Ask the pharmacist to divide the medication into two completely labeled containers, providing one for home and one for camp.
- Only medications authorized by a physician may be administered by the Camp Director.
- It is your responsibility to notify the Camp Director when there is a change in medication or treatment regimen.

\_\_\_\_\_  
 Parent/Guardian Name (Printed)

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Home Phone Number

\_\_\_\_\_  
 Work Phone Number

\_\_\_\_\_  
 Cell Phone Number

_____ Notary Name (Print)	_____ Notary Signature
_____ Date	