



## **MEDICATION PERMISSION FORM**

I hereby authorize GA Summer Camp Nurse or designated substitute to administer to:

\_\_\_\_\_

**Camper's Name**

\_\_\_\_\_

**Date**

**Medication, dosage, and time to administer:**

\_\_\_\_\_

\_\_\_\_\_

I release Germantown Academy and all GA Summer Camps personnel from any liability resulting from the administration of this medication.

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**Parent/Guardian Signature**

\_\_\_\_\_

**Date**

# PHYSICIAN'S AUTHORIZATION

I prescribed (medication, dosage, and time to be administered):

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To be given to (name of patient):

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I authorize the Camp Nurse or the designated substitute to administer medication during camp hours for the reason(s) stated below:

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\_\_\_\_\_  
Physician's/Dentist's Signature

\_\_\_\_\_  
Date

Telephone Number: \_\_\_\_\_