



## **Medication Form**

Steps for Completing the Medication Form:

1. Read the Medication Policy Below.
2. Complete, sign, and date the Medication Permission Form and have your doctor complete, sign, and date the Physician's Authorization.
3. Scan completed forms and send via email to [summer@gacamp.org](mailto:summer@gacamp.org).
4. Bring the labeled medication in its original packaging to the Summer Programs office prior to your camper's first day.

That's it! We will follow up with you with any questions and look forward to seeing you in the summer.

**Please note: These forms require a doctor's authorization**

### **MEDICATION POLICY**

When medication, prescription or over-the-counter, is to be administered to a camper during the camp day, the parent must bring the following to the Camp Nurse:

- Written orders from a physician giving the name of the drug, dosage, when medication is to be taken, diagnosis and/or the reason that medication is being given;
- Written permission from the parent or guardian for the camp to comply with the physician's order;
- Medication in an appropriately labeled pharmacy container and/or an over-the-counter medication in its original container as purchased. In either case, an adult must bring the medication to the Camp Nurse.

***Note: Camp personnel may not administer medication that is not prescribed by a physician.***



## **MEDICATION PERMISSION FORM**

I hereby authorize the Germantown Academy Camp Nurse or her designated substitute to administer to:

\_\_\_\_\_

**Camper's Name**

\_\_\_\_\_

**Date**

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

\_\_\_\_\_

\_\_\_\_\_

I release Germantown Academy and all GA Day Camp & Summer Programs personnel from any liability resulting from the administration of this medication.

\_\_\_\_\_

**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 her designated substitute to administer medication during camp hours for the reason(s) stated below:

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Possible side effects or contraindication: \_\_\_\_\_

Curtailment of any activities: \_\_\_\_\_

Inhalers only: Is child authorized to carry and self-medicate?

**Yes**     **NO**

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

\_\_\_\_\_  
Date

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