



Washtenaw County Parks and Recreation Commission- Summer Day Camp Authorization for the Administration of Medicines by Camp Personnel

WCPARC day camps require a physician's written order and the parent's or guardian's written authorization for administration of over the counter medications.

PHYSICIAN'S ORDER

Name: _____ Date: _____

Address: _____ Date of Birth: _____

Name of medication(s): _____

Time(s) of administration and dosage: _____

Relevant side effects, if any: _____

Other suggestions: _____

This form authorizes administration of medicines through the current year of camp only. All medication authorizations must be renewed each year.

I hereby request that my child be administered the above medication(s) by camp personnel. I understand that the medication(s) will be administered as directed by the above named physician. I will notify the camp in writing if the medication(s) is to be discontinued. If the administration of the medication(s) needs to be otherwise changed, I will resubmit an Authorization for the Administration of Medication form with physician signature.

Parent Signature

Date

The prescribing physician's signature or signed script by a physician must accompany the above information given by the parent.

Physician's Signature

Date