



## 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