

# Camp Kiwi Inc.

PO Box 435

Mahopac, NY 10541

## Medication Consent Form

Under certain unusual circumstances, when it is necessary for the child to take internal medication during camp hours, the nurse will cooperate with the Family Physician and the parents. If the parent submits a written request to the request to the camp authorities, and it is accompanied by a written request form from the Family Physician in which he/she indicates the frequency and dosage of a prescribed medication, then the camp nurse may administer this medication during camp hours. The medication should be brought to the Camp Office by the parent, properly labeled with this form attached. NO MEDICATION SHOULD BE TRANSPORTED BY A CHILD! In the event a child does transport medication, Camp Kiwi, Inc. is not responsible for administration of Medication.

To be completed by parent or guardian

Kindly administer the medication prescribed by my physician,

Dr. \_\_\_\_\_, to my child \_\_\_\_\_,

according to the directions written below.

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

\_\_\_\_\_  
Date

To be completed by the physician:

Name of medication: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Dosage and frequency: \_\_\_\_\_

Special directions and remarks: \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_