

For Office Use Only:

Name: _____

Session: _____

Group: _____

**Authorization for the Self Administration of Medication
The Town of East Greenbush Community and Recreations Dept.
Summer Day Camp**

A. For Parent:

I request my child _____ receive the medication _____

Prescribed by _____

Check One

May Carry and Self Administer Medication
(inhalers and emergency medication only)

Medication to be held by the Health Director during camp, to be self administered by the camper under the supervision of the Health Director

OR:

Although I noted a medical concern on my child's Day Camp Registration Form, my child does not require any medications to be self-administered during camp.

Parent Signature: _____ Date: _____

B. For Physician:

This is to certify that _____ who's date of birth is: _____

Is being attended and treated by me. It is essential that he/she be assisted with the following medication in the dose indicated during camp hours.

Diagnosis: _____

Name of Medication: _____

Dosage Schedule: _____

Duration of Treatment: _____

Possible Side Effects: _____

Check One:

May carry and self administer medication
(inhalers and emergency medication only)

Medication to be held by the Health Director during camp, to be self administered by the camper under the supervision of the Health Director

Physicians Signature: _____ Date: _____

Physicians Name (Print): _____

Physicians Address: _____

Note: It is the Parents/Guardians responsibility to see that the Youth Department receives this authorization