

Camp Owahta

CCE- Cortland

60 Central Ave. Room 140, Cortland, NY 13045

Medication Authorization Form

Physician: Please Complete/ Attach Order

Please dispense the following medication to _____ during his/her dates in attendance at 4-H Camp Owahta for summer of 2018.

Name of medication: _____

Dosage, Time to be Given: _____

Reason for medication/Diagnosis: _____

Dates to be Given/ Week in Attendance: _____

FOR EPIPEN OR INHALER (camp employees are not responsible for lost epipens/inhalers that are self-carry)

Camper may Self Carry (circle one) YES

NO

(Physician Signature)

(Date)

Parent: Please Complete

I request that the Camp Health Director/ Nurse administer the prescribed medication to

(Name of Camper)

Camper DOB: _____

Date: _____

Week in attendance: _____

Known Allergies: _____

Parent Signature: _____