



FRIENDS ACADEMY SUMMER CAMPS

DUCK POND ROAD, LOCUST VALLEY, NY 11560

TEL: (516) 393-4207 FAX: (516) 465-1720



Medication Authorization

Dear Parent/Guardian:

In order for medication to be administered during the camp day (prescription or non-prescription) state law requires a written order from your physician indicating the frequency, dosage and any side effects of the medication.

I must also have a written request from you or a legal guardian to administer the medication.

CAMPER'S NAME _____ AGE _____

GROUP # _____ SPORTS _____

TO BE COMPLETED BY PARENT/GUARDIAN

- a) I request that the camp nurses administer the medication as requested by my physician to my child.
- b) I will deliver the medication directly to the camp nurse in a container labeled by the pharmacist with the patient's name and name of medication as well as the dosage to be given.

Parent/Guardian Signature _____ Date _____

Print Name of Parent/Guardian: _____

Home Phone # _____ Work # or Cell# _____

TO BE COMPLETED AND SIGNED BY PHYSICIAN

Specific diagnosis _____

- a) Name of medication _____
- b) Duration of Regimen _____
- c) Dosage and time _____
- d) Side effects _____

Physician's Signature: _____ Date _____

Address: _____

Telephone Number: _____