AUTHORIZATION FOR MEDICATION

Rocky Mountain Mennonite Camp

Camper Name _____ **Date of Birth** _____

All medications, prescribed or over-the-counter (including vitamins, homeopathic medication and essential oils) must have authorization of the prescribing practitioner to be administered.

All medications must be sent in the original container (not in baggies or unlabeled containers).

Medications prescribed for campers (including inhalers) shall be from a licensed pharmacy; labeled with the name, address, and phone number of the pharmacy; name of the camper; name and strength of the medicine; directions for use; date filled; prescription number and the name of the practitioner prescribing the medicine.

Medication						
Dose						
Frequency	Taken at	○ Breakfast	○ Lunch	○ Supper	○ Before Bed	○ As Needed
Notes						

Medication						
Dose						
Frequency	Taken at	○ Breakfast	○ Lunch	○ Supper	○ Before Bed	○ As Needed
Notes						

Medication						
Dose						
Frequency	Taken at	○ Breakfast	○ Lunch	○ Supper	○ Before Bed	○ As Needed
Notes						

Medication						
Dose						
Frequency	Taken at	○ Breakfast	○ Lunch	○ Supper	○ Before Bed	○ As Needed
Notes						

Signature of Physician or Health Care Provider	Name (print)	Date
Office Name	Phone	
Address	Fax	
City / State / Zip	Email	

Signature of Parent/Guardian	Name (print)	Date