

# MEDICATION ADMINISTRATION FORM

If medication needs to be administered by the College's Health Services staff then this form must accompany the Health & Information/Permission Form. All other non-prescription medication must also be kept with the College's Health Services staff to be self-administered under supervision. Please put all medication into a zip lock bag with the child's name on it.

## 1. To be completed by the Parent/Guardian:

I give permission for the College's Health Services staff to administer medication to my child that his/her physician has approved/prescribed below. The medication will be given in the properly labeled original container from the pharmacy to the College's Health Services staff.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## 2. To be completed by your child's Doctor:

I request that the following patient receive the medication listed below.

Name of patient/camper \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis \_\_\_\_\_

Name of medication(s) \_\_\_\_\_  
\_\_\_\_\_

Prescribed dose & means of administration \_\_\_\_\_  
\_\_\_\_\_

Time medication should be taken \_\_\_\_\_

Expected duration of treatment \_\_\_\_\_

Possible side effects & adverse reactions (if any) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other recommendations (including PRN or self-administration orders) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print name of Child's Doctor \_\_\_\_\_

Signature of Child's Doctor \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

License # \_\_\_\_\_ DEA # \_\_\_\_\_