

Camp Love's Embrace  
Physician's Medication Order Form

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**This form is to be filled out by the parent, signed by the physician ordering the medication and returned to Camp Love's Embrace.**

**The following medications must be given during the camp: NOTE: The first dose of any new medication must be administered at home.**

**Name of Camper:** \_\_\_\_\_

**Medication/dosage/time(s) to be given:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Administration (Specify if medications are to be taken with water, milk, food, etc.)** \_\_\_\_\_  
\_\_\_\_\_

**For the medications listed above, list all side effects which should be observed by camp personnel.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**List any reasons for not giving the medication at the prescribed time (i.e. vomiting, fever, drowsiness, convulsions, etc.)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physicians Signature:** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_  
**Print Physicians Name:** \_\_\_\_\_

**Parental Authorization**

**I/We authorize and request Camp Love’s Embrace to administer the medication(s) prescribed by our physician, and in doing so relieve the camp, it’s agents, employees, volunteers, or representatives of any responsibility for the ill effects which may result from the administering of said prescribed medication as per the physicians directions listed above.**

**Signature of Parent/Guardian: \_\_\_\_\_**

**Print name of parent/guardian: \_\_\_\_\_**

**Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**