

# summer at park

## Physician's Medication Order

Name of Camper: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Please list medications, indicating name of medication, dosage and time(s):

Medication	Dosage	Time(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Food or drug allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give permission for my son/daughter to self administer the medication, if the Summer at Park nurse determines it is safe and appropriate. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Name of Licensed Prescriber

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_