



National Japanese American United Methodist Caucus

Asian American Summer Camp

Medical Authorization

Dear Parents and Guardians,

The National Japanese American United Methodist Caucus requires that **PARTICIPANTS WHO NEED OR ARE REQUIRED** to take medication during the week of Asian American Summer Camp do the following:

- [1] Present this completed consent form signed by the parent or legal guardian, and the camper's physician.
- [2] Bring the medication in the original prescription bottle properly labeled by a registered pharmacist as prescribed by law.

All medication will be dispensed by the camp nurse, or other health staff as directed by the prescribing physician. The following must be completed.

Child's Name: _____ Date of Birth: ____ / ____ / ____

Name of Medication	Expiration Date	Taken For	Dosage	Time(s) to be Given	Special Instructions

TO BE COMPLETED BY PHYSICIAN

Special Instructions or Comments by Physician:

Inhalers will be kept with the Camp Nurse unless otherwise directed: Yes ☐ No ☐

Youth has a clear understanding of inhaler use, dosing, frequency: Yes ☐ No ☐

Child should carry their inhaler on his/her person: Yes ☐ No ☐

Physician's Name (please print): _____ Phone: (____) _____

Physician's Signature: _____ Date: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

I, _____, give permission for my child to receive the above medication as directed.
Parent / Guardian

Signature of Parent/Guardian: _____ Date: _____

Day Phone#: (____) _____ Evening Phone#: (____) _____