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 Junior High 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** |
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|  |  |  |  |  |  |

**TO BE COMPLETED BY PHYSICIAN**

Special Instructions or Comments by Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone#: ( \_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone#: ( \_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_