

Monroe Aquatics and Fitness Center
Medication Consent Form

Camp Name: _____ **Telephone:** _____ **Fax:** _____

Camper Name _____ **Birthdate** _____

Counselor/Group # _____

In order to help protect your child's health, your consent and written authorization from a health care provider with prescriptive authority is required when it is necessary for your child to receive prescription and/or non-prescription medicines.

Parent or Guardian's Permission: I give permission for my child to receive this medicine during camp hours. I also give permission for camp staff to contact the prescribing healthcare provider with questions/concerns. I understand that it is my responsibility to purchase and supply this medicine in its original container. On behalf of my child, I absolve the Monroe Aquatics and Fitness Center and their agents and employees from any and all liability whatsoever that may result from my child taking this medicine at camp.

Signature of parent or guardian **Date** **Contact numbers (telephone, cell phone, pager, etc.)**

Medication _____ **Strength/Dose** _____

Medical Diagnosis: _____

Specific Directions (include amount to give, at what time and/or how often, relationship to meals, specific indications if "as needed")

How often and/or at what time hour): _____

Purpose of medication _____

Relationship to meals, if applicable: _____

Expected side effects or adverse reactions: _____

Specific indications: _____

Other information: _____

It is necessary for this camper to receive this medication during camp hours in order to maintain or improve health and to benefit from camp attendance. Please notify the Director and/or Assistant Director and parents/guardians if there are any problems.

Signature of Healthcare Provider **Date** **Telephone/Fax**

Please print practitioner's last name

Practice name /address

FOR CAMP USE ONLY:

Date Received/By: _____ **Camp Director Review:** _____

Location of Medicine: _____