

Lucky Dog CAMP

Medical Administration Request

Please complete only if your child has prescribed medication

Camper's Name _____

Cell Phone: _____

TO BE FILLED OUT BY PHYSICIAN:

Please administer the following prescription medication to the above named camper as prescribed below:

Medication _____

Dose: _____

Reason for medication: _____

Time to be administered: _____

Start Date: _____ Stop Date: _____

Possible Side Effects: _____

Physician's Name: _____ **Phone:** _____

Physician's Signature: _____

TO BE SIGNED BY PARENT/GUARDIAN:

I give my permission for the above medication to be administered to my child while at Lucky Dog Camp. I hereby accept the Director and Health Director as my child's delegate. She may administer this medication, as well as basic first aid treatments, and seek emergency medical care for my child as deemed necessary. I acknowledge that Lucky Dog Camp and its employees shall incur no liability for any and all claims, damages, losses and expenses of any kind related to my child's medication and medication administration.

_____ **Date:** _____

Parent Signature