

HHCC Health Center Medication Authorization Form

Camper Name _____ DOB _____

PARENT/GUARDIAN AUTHORIZATION for the assistance of Self-Administered medication or treatment at HHCC.

MEDICATION INFORMATION ___ Prescription medication ___ Non-prescription medication

Name of Medication _____

Dosage and Route _____

Time or frequency _____

Purpose of medication _____

Possible side effects _____

Special instructions _____

MEDICATION INFORMATION ___ Prescription medication ___ Non-prescription medication

Name of Medication _____

Dosage and Route _____

Time or frequency _____

Purpose of medication _____

Possible side effects _____

Special instructions _____

I acknowledge that the above named camper is competent to self-administer this medication with assistance from the camp nurse or designated camp staff while at camp. I give permission for my child to self-administer this medication and/or self-perform this treatment with the supervision of the assigned camp nurse and/or designated camp staff. I agree that Horton Haven Christian Camp shall incur no liability and/or be held harmless against any claims of injury related to the administration of such medication or treatment.

Parent/Guardian Name _____ Phone _____

Parent/Guardian Signature _____ Date _____