



Note:  
Complete this  
form for *EACH*  
camper.

## Camp Good Grief 2010 Physician's Medication Order Form

*This form is to be completed by the parent or guardian, signed by the physician ordering the medication, and returned to Camp Good Grief.*

The following medications must be given during the camp. Please note that the first dose of any new medication must be administered at home.

Name of Camper: \_\_\_\_\_

	<u>Medication</u>	<u>Dosage</u>	<u>Time(s) to be given</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

(Please specify if medications are to be taken with water, milk food, etc.)

\_\_\_\_\_  
\_\_\_\_\_

For medications listed above, list all side effects that should be observed by camp personnel:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List any reason for **NOT** giving medication at the prescribed time (drowsiness, convulsions, fever, vomiting, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_  
(Please Print)

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I / We authorize and request Camp Good Grief to administer the medication(s) prescribed by our physician, and in doing so relieve the camp, its agents, employees or representatives, of any responsibility for ill effects which may result from administering of said prescribed medication as per the physician's directions listed above.

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Signature of parent or guardian)