

RHODE ISLAND
AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER
 (to be completed by parent/guardian)

If your child is bringing medication to camp, whether prescribed or over-the counter (e.g. benadryl), this form must be completed and returned to ASRI immediately.

Camper's Name: Age:	Parent/Guardian Name:
Food/Drug Allergies:	Home Phone #:
Diagnosis (at parent's/guardian's discretion)	Business Phone #:
	Emergency Phone #:
Name of prescribing practitioner:	Business Phone #:
	Emergency Phone #:
Name of Medication:	Dosage to be given at camp: Route of Administration:
Frequency: Prescription Date:	Duration of Order: Quantity Received:
Medication Expiration Date:	Special Storage Requirements
Special Instructions (e.g. on empty stomach):	
Specific Precautions:	
Possible Side Effects/Adverse Reactions:	
I hereby authorize ASRI Summer Nature Camp to administer to my child,	
	<i>Name of Child</i>
, the medication listed above.	
Parent/Guardian Signature:	Date: