# Blue Slide Camp

## AUTHORIZATION FOR DISPENSING PRESCRIPTION MEDICATIONS

I, _____, give my consent for the nursing staff of Blue Slide Camp to administer
PARENT / GUARDIAN 'S NAME

_____'S prescription medication.
CAMPER'S NAME

In addition, I certify that I have provided the following prescription medication(s)

_____ bearing _____
MEDICATION NAME PRESCRIPTION NUMBER

_____ bearing _____
MEDICATION NAME PRESCRIPTION NUMBER

_____ bearing _____
MEDICATION NAME PRESCRIPTION NUMBER

_____ bearing _____
MEDICATION NAME PRESCRIPTION NUMBER

_____ bearing _____
MEDICATION NAME PRESCRIPTION NUMBER

and it complies with the following directives:

1) The medication is in its original container. "Weekly Pill boxes" are not acceptable.

2) The medication label contains the medication name, prescriber's name, pharmacy name, date filled, expiration date, contents, and instructions.

**>>>>>>>>>>>>>>>>>>>> Please Note the Following Proviso <<<<<<<<<<<<<<<<<<<<**

**Prescription medications accompanying a camper that are not listed above will be confiscated. If attempts to contact a parent/guardian by phone are unsuccessful the camper will be subject to immediate expulsion at the discretion of camp administrative and nursing staff.**

| SIGNATURE OF AUTHORIZED REPRESENTATIVE | DATE / / |
|---|---|
| ADDRESS OF AUTHORIZED REPRESENTATIVE | |

| HOME TELEPHONE NUMBER | CELL TELEPHONE NUMBER | WORK TELEPHONE NUMBER |
|---|---|---|
| ( ) | ( ) | ( ) |

(1/04)