



Physician's Authorization to Dispense Medication

Is Youth Taking Prescription Medication:

No:

Yes: If yes, please complete this form.

In order for campers to receive prescription medication while at Rawhide or Forest Springs, this form must be completed, signed, and stamped by the prescribing physician. Medications must be in the original prescription bottle/container with instructions showing the camper's name and an expiration date.

Camper Name: _____

Camper Name: _____

Medication: _____

Medication: _____

Dosage: _____

Dosage: _____

Frequency: _____

Frequency: _____

Route: _____

Route: _____

Duration: _____

Duration: _____

Adverse Reactions: _____

Adverse Reactions: _____

Specify condition when contact should be made with the physician: _____

Prescribing Physician's Signature: _____

Office Phone: _____ Date: _____



Prescribing Physician, please use stamp above.

Additional instructions or medications (Including over-the-counter, i.e. aspirin, ibuprofen, allergy medications, etc.):

Multiple horizontal lines for additional instructions or medications.