Camp Summit 2021 Medication Administration Permission Form

Camper's Name:		Date of Birth:		
	ions at differer	nt times (ex.	Lamictal 100 mչ	ter supplements. If your camper takes different g 1 tab at AM and Lamictal 250 mg 1 tab at PM), d as needed.
If your camper takes no medicat	ions, please w	rite 'N/A' or	'none' on the f	irst line and have your health care provider sign.
Medications are typically given at times can be specified as needed	-		-	unch, PM) and before bedtime (HS), but other e, while HS means at bedtime.
Medication (i.e. clonidine 0.1 mg, zarontin 250 mg/5mL)	Amount (i.e. 1 tab,	Route (i.e. oral,	Time(s) (i.e. AM, 3pm and HS)	Special Instructions (i.e. crushed in applesauce, whole in pudding, with milk, in a medication cup, etc.)
zaronum 250 mg/5mL)	10 mL)	g-tube)	эріп апи пэ)	milk, in a medication cup, etc.)
All medication chang	es require wr	itten autho	rization from t	the prescribing health care provider
•	th the ability to p	orescribe med	ications, i.e. a nui	rse practitioner or physician)
I have read the above instructions ca	refully and have	filled out the cription and/o	information need	ded on medications for my child. I give permission for medication(s) as instructed above and as reviewed for non-compliance by my camper.
Signature of Parent/Guardian				Date:

Please contact Lulu Moeller DNP, RN, Healthcare Supervisor with any questions: I.moeller@campsummittx.org