



# PRESCRIPTION MEDICATION FORM

My daughter \_\_\_\_\_ is taking the following prescription medications:  
*complete name*

<b>NAME:</b> <b>DOSAGE &amp; FREQUENCY:</b> <b>REASON FOR USE:</b> <b>SINCE:</b>	<b>NAME:</b> <b>DOSAGE &amp; FREQUENCY:</b> <b>REASON FOR USE:</b> <b>SINCE:</b>
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IF YOU REQUIRE MORE SPACE FOR OTHER MEDICATIONS BEING TAKEN, PLEASE ADD A SEPARATE SHEET OF PAPER WITH ALL THE DETAILS OF THOSE MEDICATION(S).

I hereby give Camp Ouareau permission to give the above medication, or any medication which may have been prescribed since to my daughter.

I also give Camp Ouareau permission to administer non-prescription medication, when deemed necessary, as well as any medication prescribed for my daughter while at camp.

I will not hold Camp Ouareau and its personnel in any way responsible for any reactions my daughter may have to this/these medications if administered as I have or as is usually directed.

To the best of my knowledge, my child is in good health, and has not been exposed to any infectious diseases.

If she becomes exposed between now and the time for departure to camp, I understand that Camp Ouareau must be notified immediately. I also understand that my child is to arrive at camp without any contagious illness and that if she develops a severe cold or flu within 48 hours of her arrival, Camp Ouareau may require her temporary withdrawal.

In the situation of a surgical emergency during which I or my appointed emergency contacts are not immediately available for consultation, I hereby give permission to the attending surgeon, the anesthetist and Camp Ouareau's directors to hospitalize, secure proper treatment for, and order injections, anesthesia & surgery for my daughter as named on this document.

I understand that Camp Ouareau would use these powers only in the greatest emergency.

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**

**TO BE COMPLETED BY PHYSICIAN**  
**ONLY if your daughter takes prescription medication**

THE BEARER OF THIS FORM WISHES TO PARTICIPATE IN A SUMMER CAMP PROGRAM, WHICH INCLUDES ACTIVITIES AS SWIMMING, HIKING, SAILING, CANOEING & TRIPPING.

I have examined the aboved mentioned and find her to be able to participate in camp activities, and any other normal summer sport without restriction.

YES  
 NO

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

ALLERGIES \_\_\_\_\_

RESTRICTIONS \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_  
**NAME (PLEASE PRINT)**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PHONE**

\_\_\_\_\_  
**DATE**