



Duffield Camp and Retreat Center, Inc. Medication Form

Camper's Name: _____

Instructions:

For Prescription Medications:

Any use of prescription drugs must be ordered by the Camper's Physician. This form must be completed for each prescription to be administered and signed by the Camper's Physician.

For Over-the-Counter Medications:

Any use of over-the-counter medication must have specific direction for use and signed by the Camper's parent. This form needs to be completed for each over-the-counter medication the Camper uses.

Additional forms at www.CampDuffield.org. Sufficient quantities of the medication must be provided to the Nurse at registration:

Please give the following medications to the above named Camper:

Name of Prescription Medication: _____

Dosage of Drug: _____

Times to be Administered: _____

Length of time drug is to be given: _____

Print Physician's Name: _____

Signature of Physician: _____

Date: _____ Physician's Phone No.: _____

Name of Over-the-Counter Medication: _____

Dosage of the Drug: _____

Times to be Administered: _____

Length of time drug is to be given: _____

Signature of Parent/Guardian: _____