



**MEDICATION ADMINISTRATION AUTHORIZATION FORM**

This form is to be completed fully in order for HealthQuest of Hunterdon to administer the required medication. One form must be filled out for each medication.

- \*medication must be in a container labeled by pharmacist or doctor
- \*adult must bring the medication to camp

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**PRESCRIBER'S AUTHORIZATION**

**Name of camper:** \_\_\_\_\_

**Condition for which medication is being administered:**

\_\_\_\_\_

**Medication name:** \_\_\_\_\_

**Dose:** \_\_\_\_\_

**Time and frequency of administration:**

\_\_\_\_\_

**Relevant side effects:** \_\_\_\_\_

**Doctors name/title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Doctor's signature:** \_\_\_\_\_

**Parent/Guardian Authorization**

I/we request the designated camp personnel to administer the medication as prescribed by the doctor above. I/we certify that I/we have the legal authority to consent to medical treatment for the camper named above. Please note the medication must be picked up each day or it will be discarded.

**Parent/guardian signature:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Emergency contact if unavailable to reach parent/guardian:**

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