

MISS SUE'S SUMMER FUN

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REQUEST FOR ADMINISTRATION OF MEDICINE

This form must accompany all medications (OTC and Prescriptions) that are kept and administered at camp.

STATE LAW REQUIRES THAT WE RECEIVE, AND KEEP ON FILE, A WRITTEN REQUEST FROM YOUR FAMILY PHYSICIAN, WHICH IS **SIGNED BY BOTH PHYSICIAN AND PARENT** IN ORDER FOR MEDICATIONS TO BE ADMINISTERED AT MISS SUE'S. THE FORM MUST SHOW THE FREQUENCY, DOSAGE, AND POSSIBLE SIDE EFFECTS.

CHILD'S NAME _____

TO BE COMPLETED BY A PARENT OR GUARDIAN:

1. I REQUEST THAT MISS SUE'S ADMINISTER THE MEDICATION(S) REQUESTED BY MY PHYSICIAN TO MY CHILD.
2. I WILL DELIVER THE MEDICATION(S) DIRECTLY TO MISS SUE'S IN A CONTAINER LABELED BY THE PHARMACIST WHICH INCLUDES THE NAME AND DOSAGE OF THE MEDICATION.

DATE _____ SIGNATURE _____ RELATIONSHIP _____

TO BE COMPLETED AND SIGNED BY CHILD'S PHYSICIAN:

DIAGNOSIS	RX or OTC	Name of Medication	Strength/ Dosage	Frequency	Possible Side Effects	Special Instructions

DATE _____ PHYSICIAN'S SIGNATURE & STAMP _____