PHYSICIAN AND PARENT REQUEST FOR SELF ADMINISTRATION OF PRESCRIPTION MEDICATION WHILE AT HONEYROCK

Camper_____

Date of Birth_____

Camp Program_____

Dates of camp session_____

TO BE COMPLETED BY PHYSICIAN OR AUTHORIZED HEALTH CARE PROVIDER

Name of medication	Dosage	Frequency		
Inhaler	Injection	Nebulizer		
Reason for medication				
Restrictions and/or important side effects				

FOR INHALED MEDICATION ONLY

This camper is both capable and responsible for self-administering this medication:

Yes	Yes-supervised	Yes-unsupervised	No

This camper may carry this inhaler/injectable medication while at HoneyRock _____Yes ____No

The camper per section 118.29 (WI stats) may carry prescription inhalers/injectable medication with written signature from the physician/nurse practitioner and the camper's parent/guardian.

Physician's Signature	Printed Name	Date
Phone Number	Mailing Address	

TO BE COMPLETED BY PARENTS/GUARDIANS

I agree to hold HoneyRock Camp, its employees and medical staff who are acting on this request, harmless in any and all claims arising from missing, misplaced or damaged inhalers/injectable medications. I agree to notify HoneyRock Camp in writing at the termination of this request. If any change(s) in the above order is necessary, parent and physician MUST complete a new form.

I hereby give my permission for HoneyRock Camp to contact the physician/health care provider listed above with questions as they arise to the administration of this medication.