

Waldorf Summer Camp

Medication Administration Request

Camper's Name _____

Home phone number _____ Cell Phone: _____

TO BE FILLED OUT BY PHYSICIAN:

Please administer the following prescription medication to the above named camper as prescribed below:

Medication: _____

Dose: _____

Reason for medication: _____

Time to be administered: _____

Start Date: _____ Stop Date: _____

Possible Side Effects: _____

Physician's Name: _____ Phone: _____

Physician's Signature: _____

TO BE SIGNED BY PARENT/GUARDIAN:

I give my permission for the above medication to be administered to my child while at Summer Camp. I hereby accept the Waldorf Summer Camp Director and Health Director as my child's delegates. These individuals may administer this medication, as well as basic first aid treatments, and seek emergency medical care for my child as deemed necessary. I acknowledge that the Waldorf School of Princeton and its employees shall incur no liability for any and all claims, damages, losses and expenses of any kind related to my child's medication and medication administration.

Parent Name Date: _____

Parent Signature

