

Pilgrim Day Camp Parent Authorization to Administer Medication to a Camper:  
ONE MEDICATION PER PAGE

Date: \_\_\_\_\_ Unit: \_\_\_\_\_ Camper's Name: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Parent's home phone: \_\_\_\_\_

Mom's work phone: \_\_\_\_\_ Mom's cell phone: \_\_\_\_\_

Dad's work phone: \_\_\_\_\_ Dad's cell phone: \_\_\_\_\_

Other person to notify in case of emergency: \_\_\_\_\_ Relation: \_\_\_\_\_

Their phone numbers:

• Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Prescribing Physician:

• Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Route (e.g. by mouth) \_\_\_\_\_

Frequency: \_\_\_\_\_ Date ordered: \_\_\_\_\_ Duration of order: \_\_\_\_\_

Quantity received: \_\_\_\_\_ Specific directions (take on empty stomach, etc.) \_\_\_\_\_

Reason for medication: \_\_\_\_\_ Time to be given: \_\_\_\_\_

How does your child best take this medication (e.g. with water, etc.): \_\_\_\_\_

I authorize the PDC health personnel and/or their designee to administer the above named medication to my child.

Parent signature: \_\_\_\_\_

**Please put a check mark in the box below and sign next to it if you authorize your child's camp counselor(s) to carry their Epi-Pen and/or Benadryl in their back pack.**



Signature: \_\_\_\_\_