





## MEDICATION PERMISSION REQUEST FORM

**Attention Parent:** In accordance with New Hampshire State regulations, Pierce Camp Birchmont requires that all campers who need prescription medication while at camp have their physician fill out and sign this form. The State of New Hampshire **requires original pharmacy containers with labels which show the camper's name and how the medication should be given.** Provide enough of each medication to last the entire time the camper will be at camp.

*If you would like your child to take an over-the-counter medication on a regular basis, please complete this form and supply the medication; a physician's signature is not required for OTCs. (an over-the-counter medication)*

CAMPER NAME: \_\_\_\_\_  
SESSION:        \_\_\_ 1<sup>st</sup>        \_\_\_ FULL        \_\_\_ 2<sup>nd</sup>

### TO BE COMPLETED BY PARENT for ALL medications

I, \_\_\_\_\_, give permission for my child to receive the following medication(s) as directed. I also give permission for the camp RN to contact my child's physician to clarify the ordered medication, if needed.

\_\_\_\_\_  
Parent's/Guardian's Signature

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

### TO BE COMPLETED BY PHYSICIAN for PRESCRIPTION medications

In accordance with New Hampshire State regulations, Pierce Camp Birchmont requires that all campers who need prescription medication while at camp have their physician fill out and sign this form.

	Medication	Dose	Frequency	Check if PRN	When is medication given? <small>The camp infirmary administers medication after meals and before bedtime</small>	Indication
1						
2						
3						
4						
5						
6						

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Physician's Signature  
**Fax # 603-569-5813**

\_\_\_\_\_  
Date: