MEDICATION AUTHORIZATION FORM

REQUIRED for all campers attending Summer Camp Programs at Camp Fowler

New York State requires an authorized prescriber's signature for any medication to be dispensed by our Camp Nurse. No medications of any sort will be dispensed to your child without your health care provider's signature on this form. Please submit to the Camp Nurse during Check-In.

| CAMPER'S LAST NAME | FIRST NAME |
|--------------------|------------|
| GENDER AGE WEIGHT_ | |
| | |

OVER THE COUNTER (OTC) MEDICATIONS

Permission for the Camp Fowler Nurse to provide the following OTC medications

| MEDICATION (stocked by Fowler) | PARENT (initial if approved) | MEDICAL PROVIDER (initial if approved) |
|--------------------------------|------------------------------|--|
| Tums | | |
| Burn Spray | | |
| Hydrocortisone 1% cream | | |
| Benadryl | | |
| Tylenol | | |
| Ibuprofen | | |
| Calamine Lotion | | |

NOTE TO MEDICAL PROVIDERS:

Camp Fowler Summer Camp is located in Speculator, NY in the Southwestern Adirondacks. Campers attending our programs spend most of the day outdoors and regularly engage in physical activities including, but not limited to, running, swimming, hiking, canoeing, and sailing.

PRESCRIPTION AND PERSONAL OTC MEDICATIONS (brought by camper)

All medications must be brought to camp in the original container with the label attached. The authorization schedule below must be completed by the child's healthcare provider for each medication

| DIAGNOSIS | MEDICATION | DOSAGE | FREQUENCY | INSTRUCTIONS | NOTES (Fowler Nurse only) |
|-----------|--------------|--------|--|--------------|------------------------------|
| | 1 | | ☐ BREAKFAST ☐ LUNCH ☐ DINNER ☐ BEDTIME ☐ AS NEEDED (explain) | | |
| | WIET | | ☐ BREAKFAST ☐ LUNCH ☐ DINNER ☐ BEDTIME ☐ AS NEEDED (explain) | | |
| CAMP & F | ETREAT CENTE | 3 | ☐ BREAKFAST ☐ LUNCH ☐ DINNER ☐ BEDTIME ☐ AS NEEDED (explain) | | |

| Parent/Guardian Name & Signature: | Medical Provider's Name & Signature: |
|-----------------------------------|--------------------------------------|
| | Day Phone: |