



FORM 2- Medication Administration Authorization Form

Required ONLY if your child will need medication during the camp day. Must be signed by your medical provider.

- This camper will be required to take medication during camp hours.
- This camper may need emergency medication administered at camp. (asthma inhaler, Epinephrine Pen)

Camp Laughing Loon requires your child's medical care provider to sign the release form provided below. This form will allow our healthcare staff to administer medication to your child while they are at camp. Please make sure to provide the name of the medication, the exact dosage, and the scheduled time of administration.

Prescription medication must be in a container labeled by the pharmacist or prescriber.

An authorized individual must bring the medication to the camp and give the medication to an adult staff member.

1. PRESCRIBER AUTHORIZATION

Camper Name:	DOB
Medication Name:	Dosage:
Condition for Which Medication is being Administered:	
Frequency and Time of Administration:	

Healthcare Provider's Name _____ Phone Number _____

Health Care Provider's Signature: _____ Date: _____

2. PARENT/GUARDIAN AUTHORIZATION

I hereby authorize Camp Laughing Loon's health staff to administer to my child, lawfully prescribed medication in the manner described above. I further acknowledge and agree to waive any claims I might have against Camp Laughing Loon and its employees arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify Camp Laughing Loon and its employees from and against all claims, damages, causes of action, or injuries incurred or resulting from the administration of said medication.

Signature of Parent/Guardian _____ Date _____