PHYSICIAN AND PARENT REQUEST FOR SELF ADMINISTRATION OF PRESCRIPTION MEDICATION WHILE AT HONEYROCK

Camper_____ Date of Birth_____

Camp Program_____ Dates of Camp Session_____

TO BE COMPLETED AND SIGNED BY PHYSICIAN OR AUTHORIZED HEALTH CARE PROVIDER

Name of medication_____ Dosage_____ Frequency_____

Inhaler_____ Injection_____ Nebulizer_____

Reason for medication_____

Restrictions and/or
important side effects_____

This camper is both capable and responsible for self-administering this medication:

_____Yes _____Yes-supervised _____Yes-unsupervised _____No

This camper may carry this inhaler/injectable medication while at HoneyRock _____ Yes _____ No

The camper per section 118.29 (WI stats) may carry prescription inhalers/injectable medication with written signature from the physician/nurse practitioner and the camper's parent/guardian.

_____ _____ _____
Physician's Signature Printed Name Date

_____ _____
Phone Number Mailing Address

TO BE COMPLETED BY PARENTS/GUARDIANS

I agree to hold HoneyRock, its employees and medical staff who are acting on this request, harmless in any and all claims arising from missing, misplaced or damaged inhalers/injectable medications. I agree to notify HoneyRock in writing at the termination of this request. If any change(s) in the above order is necessary, parent and physician MUST complete a new form.

I hereby give my permission for HoneyRock to contact the physician/health care provider listed above with questions as they arise to the administration of this medication.

_____ _____
Signature of Parent/Legal Guardian Date

Updated February 2020