

**WILLOW LAKE DAY CAMP**  
973-663-2732

**SUMMER HEALTH OFFICE 973-663-0709**

**PHYSICIAN AUTHORIZATION FOR MEDICATION**

**DATE** \_\_\_\_\_

**CAMPER'S NAME** \_\_\_\_\_

**DIAGNOSIS FOR WHICH MEDICATION IS GIVEN** \_\_\_\_\_

**NAME OF MEDICINE** \_\_\_\_\_

**DOSAGE** \_\_\_\_\_

**TIME TO BE GIVEN** \_\_\_\_\_

**IF MEDICINE IS TO BE GIVEN "WHEN NEEDED," DESCRIBE INDICATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION** \_\_\_\_\_

**PHYSICIAN NAME** \_\_\_\_\_

**PHYSICIAN ADDRESS** \_\_\_\_\_

**PHYSICIAN PHONE** \_\_\_\_\_

**PHYSICIAN SIGNATURE** \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_

**REMEMBER:**

- 1. Have medication filled in two vials, one for home and one for camp.**
- 2. This form may be copied if camper is on more than one medication.**