

# Medication Orders from Physician

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Participant: \_\_\_\_\_

## Information from Physician

<u>Medication</u>	<u>Dosage</u>	<u>Time or Intervals</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Possible reactions reported to physician: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

Begin Administering Medication \_\_\_\_\_ Cease Administering Medication \_\_\_\_\_

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone(s) numbers

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Signature

## PARENT PERMISSION

I, the parent/guardian of \_\_\_\_\_, give permission for the medication ordered by the above physician to be given. I further agree to:

1. Deliver medication in its original container to the Wyoming Recreation Department.
2. Notify the Wyoming Recreation Summer Camp staff if the medication or dosage is changed or eliminated.
3. Give permission to the staff of the Wyoming Recreation Summer Camp staff to communicate with the parent/guardian regarding questions with the medication order.

I am aware that non-medical staff designated by the Wyoming Recreation Summer Camp staff will administer the medication. I hereby release the City of Wyoming Summer Camp staff and all of its employees from any and all liability in law for damages either I or my child will suffer as a result of this authorization.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

**NO MEDICATION WILL BE GIVEN WITHOUT A DOCTOR'S ORDER**