

**2025 BRIARWOOD DAY CAMP CAMPER AND JUNIOR COUNSELOR PERMISSION TO MEDICATE FORM  
PHYSICIAN ORDER/PARENT-GUARDIAN CONSENT**

**\*\*THIS PERMISSION TO MEDICATE FORM DOES NOT TAKE THE PLACE OF THE CAMPER OR JUNIOR COUNSELOR HEALTH FORM. THIS IS FOR PRESCRIPTION MEDICATION ONLY\*\***

**\*Please upload this form to your online CampInTouch account\***

**(OUR STANDARD HEALTH FORM CAN BE FILLED OUT ON OUR WEBSITE AND SUBMITTED WITH A CLICK OF A BUTTON!  
EVERY CAMPER AND EVERY STAFF MEMBER MUST HAVE A HEALTH FORM)**

Camper/Junior Counselor Name (First name, last name): \_\_\_\_\_

**PARENT/GUARDIAN CONSENT:** I give permission for my child named above to receive the following medication ordered by a licensed prescriber during the camp day. I understand that the medications will be given by camp health personnel according to my child's licensed prescriber's directions.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian name printed: \_\_\_\_\_ Phone: \_\_\_\_\_

**Licensed Prescriber Medication Order:**

Patient's Name: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_ Date: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Method and dosage: \_\_\_\_\_

Time of administration: \_\_\_\_\_ Directions: \_\_\_\_\_

Reason for medication: \_\_\_\_\_ Possible side effects: \_\_\_\_\_ Discontinue Date: \_\_\_\_\_

Other medications this patient is currently taking: \_\_\_\_\_

Licensed Prescriber signature: \_\_\_\_\_

Licensed Prescriber name printed: \_\_\_\_\_ Phone: \_\_\_\_\_

**Dear Briarwood Parent or Guardian,**

**Prescribed medications which are necessary for the health of a child may be administered during the camp day. It is recommended that, whenever possible, all medications be administered at home by the parent or guardian.**

**The first dose of any new medication should always be administered at home to ensure close observation of any adverse reaction. If your physician decides it is necessary for your child to receive a medication during camp hours, the parent or guardian may request that the camp nurse administer the physician prescribed medication at scheduled times.**

**The following policies apply to all medications brought to camp:**

- **This Permission to Medicate form must be completed and signed by the parent or guardian for all prescription medications.**
- **Medication must be sent to camp in the original pharmacy container with the current prescription label. Upon request, pharmacies can prepare a duplicate container to be used for camp.**
- **All medications must be brought directly to the nurse's office by the parent, guardian, or a responsible adult designated in writing by the parent or guardian.**
- **Campers and Junior Staff should not have medications of any kind in their possession at camp.**
- **Unless provisions are made otherwise, the camp nurse shall be the only Briarwood employee responsible for the dispensation and/or administration of medications.**
- **If the camp nurse is unavailable to administer the medication on a time schedule determined by the patient's physician, the nurse and parent or guardian will develop a care plan to ensure that the dosage is administered as scheduled.**
- **All medications are kept in the nurse's office.**

*Office use only:* Bunk: \_\_\_\_\_ Grade: \_\_\_\_\_