



**CALVERT COUNTY
DEPARTMENT OF GENERAL SERVICES
NATURAL RESOURCES DIVISION**

Courthouse, 175 Main Street
Prince Frederick, Maryland 20678
410-535-5327

Board of Commissioners
Mike Hart
Tom Hejl
Pat Nutter
Evan K. Slaughenhaupt Jr.
Steven R. Weems

V. Wilson Freeland, Director
Karyn Molines, Division Chief

AUTHORIZATION FOR PRESCRIPTION MEDICATION

**Does the child require prescription medication during summer camp hours? Yes: _____ No: _____
If YES, child's physician *MUST* complete the following:**

Child's Name: _____

a.) Condition: _____

Medication: _____

Dosage / Schedule: _____

Special Instructions: _____

Side Effects / Toxic Effects: _____

b.) Condition: _____

Medication: _____

Dosage / Schedule: _____

Special Instructions: _____

Side Effects / Toxic Effects: _____

Only those medications prescribed and listed by the physician will be accepted. Medications must be in the original pharmaceutical container and labeled with the camper's name, name of medication, dosage, schedule, prescription number, date filled and prescribing physician's name.

Date of Order: _____ **Duration of Order:** _____

(If duration is less than current camp program, renewal of order may be necessary.)

I hereby authorize the camp staff to dispense these medications as prescribed.

Printed Name of Physician

Phone Number

Signature of Physician

Date

OFFICIAL USE ONLY:

DATE RECEIVED: _____ **STAFF INITIALS:** _____

CAMP _____ LOCATION _____

CAMP _____ LOCATION _____

CAMP _____ LOCATION _____