

**CAMP CHEATHAM HILL
MEDICAL AUTHORIZATION/MEDICATIONS**

Camper's Name _____

Home Phone _____ Cell Phone _____

Work phone _____

Emergency Contact _____

Phone _____ Relationship _____

Medication Needed _____

What illness/condition is this medication intended for? _____

_____ Medication is to be self administered by student

_____ Medication is to be administered by CAMP personnel

Dosage _____

Special Instructions _____

Refrigeration: _____ (yes) _____ (no)

I _____ give CAMP CHEATHAM HILL

(Parent name)

permission to administer first aid treatment to my child _____

(child name)

if needed or in case of an emergency.

(Signature of parent of guardian)

(Date)