



Ukrainian American Youth Association, Inc.

Lapp Road Fillmore, New York 14735



Family Physician's Medication Order Form

Dear Doctor and Parent (Guardian),

In order for our staff nurse to give medication (prescription or nonprescription) to any camper, we need the following information and authorization. Please complete and return this form to the Camp Health Office so we can administer any required medication to your child at the times indicated.

Name of Child _____

Address _____

City/State/Zip _____

Date of Birth ____/____/____ M / F ____ Age ____

Diagnosis _____

Name of Medication _____

Dosage _____

Times of day(s) to be given _____

Possible side effects _____

Special diet _____

_____/_____/_____
Physician's Signature Date

I request that my child be given medication as described above.

_____/_____/_____
Parent's Signature Date

Please Note:

All medication(s) that is to be given should be delivered to the Camp Nurse by the parent in the original container. This information should be on the container: Name, Date, Medication, Dosage, Time and Frequency, Manner of Administration and Physician's Name.