



# CAMP ANGLEWOOD, LLC



www.campanglewood.com

Send All Correspondence To:  
Joyce Nejman-Hill  
112 N. Lynnwood Ave. Glenside, PA 19038  
267-939-4455/215-884-4455/CAMPGIRL259@AOL.com  
www.campanglewood.com

Camp Location  
900 Rock Lane  
Elkins Park, PA

## Camp Anglewood Medication Form

Season: \_\_\_\_\_

Camper: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Parent/Guardian's Authorization

I hereby authorize the Camp Anglewood Nurse or her designated substitute to administer to:

\_\_\_\_\_ the following daily medication:  
Camper's Name

\_\_\_\_\_  
Medication (include dosage and time)

As prescribed by: \_\_\_\_\_  
Physician authorizing prescription

I release Camp Anglewood and all Camp Anglewood camp personnel from any liability resulting from the administration of this medication.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

### Physician's Authorization

I prescribe (medication, dosage, and time) \_\_\_\_\_

to be given to \_\_\_\_\_

By the camp Nurse or her designated substitute during camp hours for the following reason(s):

\_\_\_\_\_  
Possible side effects or contradictions: \_\_\_\_\_

\_\_\_\_\_  
Required curtailment of any activities: \_\_\_\_\_

Inhalers only: Is the child authorized to carry and self-medicate? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
Physicians signature

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Date

**Medication Policy:** When medication (prescription or over-the-counter) is to be administered to a camper during the camp day, the parent must bring a Daily Medication Form to the camp nurse. Medications must be in an appropriately labeled pharmacy container and /or over-the-counter medication must be in its original container as purchased. In either case, an adult must bring the medication to the camp nurse. *Note that camp personnel may not administer medication which is not prescribed by a physician.*