



CAMP ANGLEWOOD, LLC



www.campanglewood.com

Send All Correspondence To:
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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.*