



www.campanglewood.com

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Camp Location:
900 Rock Lane, Elkins Park, PA
www.campanglewood.com

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 (including 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 _____
Camper's Name

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 ____

Physician 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.