



APPENDIX A

**PHYSICIAN'S REQUEST TO ADMINISTER
MEDICATION**

Participant's Name: _____
Name of Medication: _____
Dose: _____
Time: _____
Physician's Name: _____
Reason for Medication: _____
Possible Side Effects: _____

Only medication in it's original packaging will be administered. Medication brought to camp in only a plastic baggie will not be accepted.

I am aware that Camp Moy-Mo-Da-Yo does not have trained medical staff available. However, the above named camper is in need of the above named medication/drug during the time frame of a recreation program in order to maintain his/her physical health. In my opinion, his/her need for the medication/drug is so important that I request that non medical personnel dispense this medication/drug in accordance with the following instructions:

Child may self - administer in accordance with the instructions above: Yes/No? _____
In the event of possible side effects, please take the following action:

Date _____

Doctor's Signature _____ Phone Number _____

Date _____

Parent/Guardian's Signature _____