

**PALMYRA MIDDLE SCHOOL
OUTDOOR EDUCATION
MEDICATION CONSENT FORM**

(Bring in on Monday morning of your camp week to your homeroom with the medication!)

There must be a blue form for each medication. Any prescription/nonprescription/over the counter medication you would like to be dispensed during the camp week **MUST** have a written order from a licensed healthcare provider and parental consent. The healthcare provider may complete and sign this form or a separate order may be attached.

Please pack each medication and blue form in a zip-lock baggie with your child's name on it. If your child is bringing in more than one medication please put each zip-lock bag into one big one to be turned into the school nurse during homeroom on the Monday morning of your child's camp week. **Medications must be in the original prescription bottle or over the counter package with your child's name and dosage clearly marked on it.**

I request the Camp Swatara nurse administer the following medication at Outdoor Education according to these specific directions:

Name of student _____

Name of medication _____

Dosage of medication _____

Dates medication is to be given at camp _____

Time medication is to be given at camp _____

Condition for which medication is being taken _____

If the above medication is only to be given if needed, as in the case of an asthma attack, bee sting, or other similar emergency situation, please list the conditions under which you want the medication to be administered to your child

Other comments: _____

Signature of prescribing physician _____

Printed Name of prescribing physician _____

Phone number of physician _____

Signature of Parent/Guardian: _____ Date: _____