



PHYSICIANS ORDERS

Health Center
223 Low Road
Sharon, CT 06069

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A physician must complete this form for ALL (prescription and over the counter) medications that are to be administered at camp!

Name _____ Date _____

Address _____ DOB _____

City _____ State _____ Zip _____

Medication must be in a prescription container with the name and strength of the Medicine, administration directions and the child's name on the label. Over the Counter medicines should be labeled with name and noted below by the physician.

Authorization for the Administration of Medications by Silver Lake Conference Center
The Connecticut State Law requires a written order of a physician licensed to practice medicine in this state and the written authorization of a parent/guardian of such child for a conference center nurse, or in the absence of such nurse, the director to administer medicinal preparations to any conferee.

Name of Drug _____ Is this a controlled Substance? Yes ___ No ___
Dosage: _____ Method of Administration: _____
Condition for which drug is being administered: _____

Name of Drug _____ Is this a controlled Substance? Yes ___ No ___
Dosage: _____ Method of Administration: _____
Condition for which drug is being administered: _____

Name of Drug _____ Is this a controlled Substance? Yes ___ No ___
Dosage: _____ Method of Administration: _____
Condition for which drug is being administered: _____

This child capable of carrying and self-administering (circle): Inhaler Epipen

Physician's Signature

____/____/_____
Date

Physician's Name (print)

(____) _____
Phone

Street Address

City/State/Zip

I hereby permit the administration of the above medication(s) ordered by the physician for my child, _____. I understand the medication *will be destroyed if not picked up at end of the week, per state law, General Statutes, Sec. 10-21a CT State Dept of Health Division.*

Signature of Parent or Guardian

____/____/_____
Date

Parent or Guardian Name (print)