

Physician's **Authorization to Dispense Medication**

In order for campers to receive prescription

medications on the back of this form.

medication while at Forest Springs, this form must be completed and signed (and stamped on back) by the prescribing physician.	
Camper Name:	
Medication	
Dosage	Prescribing Physician, please use stamp above.
Frequency	
Route	Additional instructions/medications:
Duration	-
Adverse Reactions	
Camper Name:	
Medication	-
Dosage	
Frequency	
Route	
Duration	
Adverse Reactions	
Specific condition when contact should be made	
with the physician	
Prescribing Physician's Signature: (Stamp on back side)	
x	
Office Phone ()	
Date:	
Write additional instructions and/or additional	