



**2012**

**Physician's Authorization  
to Dispense Medication**

In order for campers to receive prescription medication while at Camp Forest Springs, this form must be completed and **signed (and stamped on back)** by the prescribing physician.

**Camper Name:** \_\_\_\_\_

**Medication** \_\_\_\_\_

Dosage \_\_\_\_\_

Frequency \_\_\_\_\_

Route \_\_\_\_\_

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 medications on the back of this form.*



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