

**Ithiel Falls Teen Camp Prescription  
Medication Permission Form**

Campers will not be allowed to attend or be given any medication at camp if this form (or comparable form) is not completely filled out with a Doctor's Signature.

Camper Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Medication Name:	Directions:
Dosage:	Reason for medication:

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Dosage:	Reason for medication:

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Dosage:	Reason for medication:

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Must be signed by Physician before camp) NO medication will be given at Ithiel Falls until the Camp receives this completed form with the prescribed medication in a container appropriately labeled by the physician or pharmacy.

Parent Authorization: I, \_\_\_\_\_, hereby give my permission for my child, \_\_\_\_\_, to take the above medications at Ithiel Falls Camp Meeting as ordered above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_