



# Physician's Authorization to Dispense Medication

In order for campers to receive prescription medication while at 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 \_\_\_\_\_

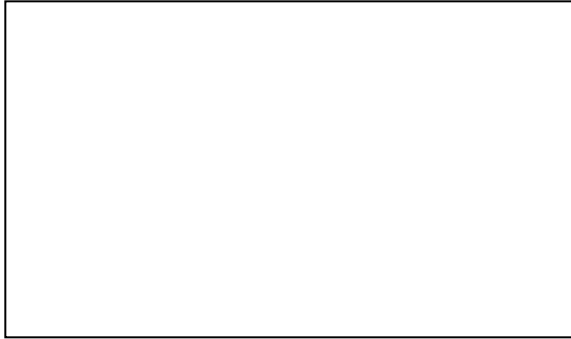
Prescribing Physician's Signature: (Stamp on back side)

X \_\_\_\_\_

Office Phone (\_\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_

*Write additional instructions and/or additional medications on the back of this form.*



Prescribing Physician, please use stamp above.

Additional instructions/medications:

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## Mount Olive 7th Grade Parents!

It was recently brought to our attention by Forest Springs, that their staff nurse will be administering any necessary medications during the upcoming 7th grade retreat. This is a change from past trips when one of our volunteers would administer medications.

Due to this change, you will need to complete this Forest Springs authorization for all medications, and it will need to be signed by a Physician. (You do not need to fill out the Mount Olive medication form.) Medications need to be brought in their original container.

Please place this completed and signed form, as well as any required medications, in a zip lock bag and turn it in to Kevin Podeweltz when dropping off your child on Friday, February 23.

Thank you for working with us to ensure this weekend runs smoothly for your student!

Pastor Lance Hoelscher