

Parents/Guardians of campers requesting that medication (either prescription or over-the-counter) that need to be administered during camp hours by camp personnel are required to provide this information for camp personnel:

1. A written parental release for the administration of medication, **and**
2. A signed statement from the licensed prescriber, **and**
3. Medication in the original container or pharmacy-labeled container

NOTE:

- New medication orders are required annually and when changes are made from original orders.
- Orders may be FAXED if they contain all the information included in the form below.
Camp Fax Number is 651 + 423 9713.

Camper Information

Camper's Name _____ Date of Birth _____

**Licensed Prescriber's Order For Administration Of Medication By
Camp Personnel**

I have prescribed the following medication for this camper and request the dosage(s) given during camp hours be administered by camp personnel under the delegation of Dr. Sheldon Berkowitz.

Medication/Dosage Time of Administration: _____

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Purpose or Condition for which prescribed: _____

Termination Date: _____ To be taken on a:
 Full Stomach Empty Stomach

Significant Side Effects: _____

- This camper will keep inhaled medication in the Health Office.
- This camper uses inhaled medication. This camper is authorized to keep this medication with him/her during the camp day and to use as needed according to Licensed Prescriber's orders.

Licensed Prescriber's Signature _____ Date _____

Address _____ Phone _____

Parent/Guardian Release For Administration Of Medication

I request this medication be given as ordered by the above licensed prescriber.

Parent/Guardian Signature _____ Date _____



Camp Butwin
Summer Address:
945 Butwin Road
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1375 St. Paul Avenue
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