



## MEDICATION PERMISSION REQUEST FORM

In accordance with New Hampshire State regulations, Pierce Camp Birchmont requires that all campers who need prescription medication while at camp have their physician fill out and sign this form. If you would like your child to take an over-the-counter medication on a regular basis, please complete this form and supply the medication; a physician's signature is not required for OTCs.

CAMPER NAME: \_\_\_\_\_  
SESSION:      \_\_\_ Full      \_\_\_ 1      \_\_\_ 2

### TO BE COMPLETED BY PARENT

I, \_\_\_\_\_, give permission for my child to receive the following medication(s) as directed.

\_\_\_\_\_  
Parent's/Guardian's Signature

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

### TO BE COMPLETED BY PHYSICIAN

	Medication	Dose	Frequency	Check if PRN	Indication
1					
2					
3					
4					
5					
6					

\_\_\_\_\_  
Printed Name of Physician

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

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

**Fax # 603-569-5813**