FRED'S CAMP
REQUEST FOR ADMINISTERING MEDICATION OR PHYSICIAN ORDERED SERVICES

Camper's Name _____ Home Phone_____

Address_____ Work Phone_____

I hereby confirm my primary responsibility to administer medication and provide health services to my child. However, in the event that I am unable to do so, I hereby authorize FRED'S CAMP and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or allow my child to self-administer, while under the supervision of the employees and agents of FRED'S CAMP), lawfully prescribed medication and health services in the manner described above. I acknowledge that it may be necessary for the administration of medications and delivery of health services to my child to be performed by an individual other than a certified nurse or health aide, and specifically consent to such practices.

I further acknowledge and agree that, when the lawfully prescribed medication or health services are so administered, or attempted to be administered, I waive any claim I might have against FRED'S CAMP, its employees and agents arising out of the administration of said medication or services. In addition, I agree to hold harmless and indemnify FRED'S CAMP, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication or health services.

Parent's Signature_____ Date_____

PHYSICIAN'S ORDER

Child's Name_____
Name of Drug _____
Instructions for Medication or Physician ordered services:
Diagnosis:

Possible adverse effects:

Length of time medication may be safely administered:
Are there special storage requirements, such as refrigeration, etc.?

_____ _____
Physician's Signature Date

_____
Address

_____
Phone Number