

# Raritan Borough Recreation

## Medication Order Form Child Information:

### Child Information:

Child Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Phone No. Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### **Medical Provider Information:**

Licensed Medical Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

Physician's Stamp

### **Medication Information:**

Name of Medication: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Start Date: \_\_\_\_\_ Treatment to be continued until: \_\_\_\_\_

Route of Administration: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Time(s) of administration: \_\_\_\_\_

Specific directions for administration: \_\_\_\_\_

Significant side effects, contraindications, or adverse reactions: \_\_\_\_\_

I request that the medication, named above, be given to my child. The medical provider explained to me the medication, its purpose and possible complications. I hereby acknowledge that Raritan Borough shall incur no liability as a result of any injury arising from the administration of this medication and hereby indemnify and hold harmless Raritan Borough and its employees or agents from any claims arising out of the administration of this medication.

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

Medical Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

### **SELF ADMINISTRATION OF MEDICATION (check box and sign if applicable)**

**Only life-threatening medications designated by New Jersey State regulators may be self-administered.**

I hereby grant consent for the child to self administer the above named medications. (Parent/Guardian and the child's medical provider must both sign this section in order for camper to self-administer medication.)

Medical Provider Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

*PLEASE NOTE: This completed form, along with the medication, must be brought to the camp director or operator by the parent/guardian. The medication must be in the original container appropriately labeled by the pharmacy or medical provider.*