

Camper: _____ Session _____ DOB: _____

Medication Permission Form **(International Campers Only)**

Dear International Health Care Provider:

The above named camper requires medication while she is at camp to be administered by the camp nurse. Due to New Hampshire state and U.S. federal regulations, we are required to have a complete medication order for each medication being sent, including non-prescription medications, from a provider licensed in the US. Please complete this form which will be sent to our consulting provider at Saco River Clinic, Conway, NH so that she can write a prescription to be sent to the parent's US pharmacy.

***Please use a different form for each medication.**

Medication Name _____

Medication Dose (in mg or ml) _____

Medication Route _____

Medication Frequency _____

Reason for Administration (PRN)only _____

Prescriber's Signature _____ Date _____

Prescriber's Name (print) _____

Prescriber's Address _____

Prescriber's Phone _____

(Practice Stamp May Be Used Here)

US healthcare provider ONLY: Please send a prescription for the above specified medication to