

Child's Name

Date of Birth

Male

Female

Daily Medication Administration Form

Please provide the Harbor Haven nurse with at least a two week supply of your child's medication(s) prior to the start of the program. Medication must be in it's **original prescription bottle** and match the dosage listed below. Pre-cut any tablets which are not given whole.

Only list medications that need to be given at Harbor Haven

Medication	Dosage	Administration Time	Reason	Possible Side Effects	Prescribing Physician's Name & Signature	Prescribing Physician's Telephone Number

New campers: Bring medication when you come for New Camper Orientation on Sunday, June 27th. If you are not able to attend orientation, or for **returning campers**, please call the camp office to arrange a time to drop off the medication before your child's first day of camp. **DO NOT PUT MEDICATIONS IN YOUR CHILD'S BACKPACK.**

I hereby give permission for the nurse at Harbor Haven to administer the above named medications.

Signature of Parent/Guardian

Date

This form must be complete, including the Physician's signature, for the nurse to be legally allowed to dispense the medication(s) listed above.

Reminder: Each medication must be given in it's own labeled prescription bottle that matches these directions or it cannot be given.

Thank you for your cooperation.



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