

PHYSICIANS ORDERS

Silver Lake Conference Center
223 Low Road
Sharon, CT 06069

Office: (860) 364-5526
Fax: (860) 364-1000
www.ctucc.org

This form must be filled out for all prescription medication that you or your child will bring to camp! The physician that prescribed the medication must fill out and sign below.

Authorization for the Administration of Medications by Silver Lake Conference Center
The Connecticut State Law requires a written order of a physician licensed to practice medicine in this state and the written authorization of a parent or guardian of such child for a camp nurse, or in the absence of such nurse, the director to administer medicinal preparations to any camper. **Medication must be in a prescription container with the name and strength of the medicine and the child's name on the label.**

Name _____ Date _____

Address _____ DOB _____

City _____ State _____ Zip _____

I hereby request the above medication ordered by the physician for my child, _____. **I understand the medication *will be destroyed if not picked up at end of the week, per state law, General Statutes, Sec. 10-21a CT State Dept of Health Division.***

Parent or Guardian Name (print) _____ Date ___/___/___

Signature of Parent or Guardian _____

Name of Drug _____	Is this a controlled Substance? Yes ___ No ___
Dosage: _____	Method of Administration: _____
Condition for which drug is being administered: _____	

Name of Drug _____	Is this a controlled Substance? Yes ___ No ___
Dosage: _____	Method of Administration: _____
Condition for which drug is being administered: _____	

Name of Drug _____	Is this a controlled Substance? Yes ___ No ___
Dosage: _____	Method of Administration: _____
Condition for which drug is being administered: _____	

This child capable of carrying and self-administering (check)

Inhaler _____ EpiPen _____

Physician's Name (print) _____

Physician's Signature _____

Phone (____) _____ Address _____