



## Prescription Medication Permission Form

(Authorization to Administer/Dispense Prescription Medications by the Fort Wayne Animal Care & Control Pet Explorers Day Camp Personnel)

Prescription Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, authorized prescriber's name and date of the original prescription. Over the counter medication must be in the original container and labeled with the child's name (See separate form).

**(This Section MUST be SIGNED by a legally authorized prescriber (e.g. Physician or Dentist))**

AUTHORIZED PRESCRIBER'S ORDER: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Child

\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_

Condition for which drug is being administered during camp hours

\_\_\_\_\_

DRUG: Name of Drug, Dose and Method of Administration

\_\_\_\_\_

Times of Administration: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Medication shall be administered from  
\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Relevant side effects to be observed, (if any):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



If there are side effects to medication(s), what is the plan for management?

---

---

Is this a controlled drug?

---

---

Allergies: Reaction to, or negative interaction with food or drugs? If YES, list:

---

---

---

**The legally authorized Prescriber's Name**

\_\_\_\_\_  
(Print Name Clearly)

Phone # (\_\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Prescriber:

**Signature** \_\_\_\_\_

(Parent or Guardian, please complete Parent/Guardian Authorization as well)



## Parent/Guardian Authorization for Prescribed Medications

Authorization by Parent/Guardian for the administration of the above medication:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Parent or Guardian's Signature Required)

I hereby agree that the above medication, ordered by the legally authorized prescriber: (M.D., P.A., APRN) for my child \_\_\_\_\_, may be dispensed by camp personnel.

I understand that I must supply Fort Wayne Animal Care & Control with the prescribed medication in the original container, dispensed and properly labeled by a legally authorized prescriber. Over the counter medication shall be in the original container, labeled by the parent/guardian with the child's name (use separate Nonprescription Medication Permission form). If dispensed by the Fort Wayne Animal Care & Control Pet Explorers Day Camp Staff personnel, I understand that the person giving the medication may not be medically trained. I agree to inform the Fort Wayne Animal Care & Control Supervisor(s) immediately of any changes relating to the medication or other medical information, including changes in when or if the medication is taken or any reaction to the medication. I agree that when the medication(s) is/are discontinued, or upon completion of the camp, I will pick up all unused medication. Unclaimed medications may be discarded or destroyed.

Name of Parent or Guardian \_\_\_\_\_  
(Print Name Clearly)

Signature \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

(Authorization to Dispense Nonprescription Medications is a Separate Form – See Attached)