



Where Girls Succeed

Be Wise Camp

PRESCRIPTION MEDICATION AUTHORIZATION

****submit one physician-signed authorization form for each individual prescription med****

Camper Name: _____

Date of Birth: _____

Prescription medication name:

Dosage/route: _____

Time medication to be given: _____

Any special instructions or side effect precautions:

Physician/Prescriber Name (print); _____

Physician/Prescriber Signature: _____

Physician Phone number: _____