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Prescription AND/OR Over-the-Counter Authorization Form

- *This form is for prescription AND/OR over-the-counter medications*
- *OTC medications should be in original container*
- *PRESCRIPTION medication ALSO requires original container & physician's note w/ dosage instructions. If your medication includes an EPI-PEN or other meds for ACUTE allergies (anaphylaxis), please also provide an ALLERGY ACTION PLAN.*

I request the following prescription and/or over-the-counter medication, in the original container, be administered to my child at camp, and shall release camp personnel from all liability.

Camper Name: _____

Medication: _____ Dosage: _____

Purpose: _____

Date: _____ Parent/Guardian Signature: _____

BRING THIS FORM WITH YOU TO CAMP to give to nurse on your camper's first day, along with medications in original containers and/or required doctor's notes and/or ALLERGY ACTION PLAN if your child uses an epi-pen and is at risk of anaphylactic reaction as noted above. Do not mail form.