



ARCHDIOCESE of
MILWAUKEE

Middle School Camp Medical Consent Form

NAME OF STUDENT:	
CAMP LOCATION:	CAMP DATES:

Medications: List all medications, prescription and over-the-counter, that the student currently takes at home and during the school day. Include all as-needed and emergency medications. Medications not authorized for self-carry must be in original container and given to the designated supervisor.

MEDICATION	DOSAGE:	HOW GIVEN:	FREQUENCY:	START DATE:	END DATE:	SIDE EFFECTS

MEDICAL PROVIDER CONSENT: **REQUIRED FOR PRESCRIPTION MEDICATIONS LISTED ABOVE**

I authorize the Parish/Archdiocese to Give the Above Prescription Medication(s) to this Student.

PRINT MEDICAL PROVIDER NAME:	PHONE NUMBER:
MEDICAL PROVIDER SIGNATURE:	DATE:

Inhaler and Epi-Pen Only: This student and his/her parents have been instructed in self-administration and the student may carry an inhaler or Epi-Pen and self-administer. YES NO