



LuHi Summer Programs

131 Brookville Road, Brookville, NY 11545

Request for Administration of Medication

Student's Name: _____ Age: _____ Birthdate: _____

Home Address: _____ Phone: _____

Emergency Phone: _____

Dear Parent/Guardian:

Every effort should be made to administer medication at home. However, if your physician feels that it is necessary, please submit this completed form and the medication to the Summer Programs Health Office. The form can be submitted via your CampBrain portal.

State law does permit the administration of medication only with written directions from the physician and parent. MEDICATION MUST BE IN ORIGINAL PRESCRIPTION BOTTLE.

Students are at no time allowed to carry medication of any kind on their person unless specifically ordered by physician and cleared by the LuHi Summer Programs medical staff, to take medication without official written directive (from the physician AND parent), or to take medication without supervision.

Thank you,
The LuHi Summer Programs Health Office

1. TO BE COMPLETED BY A PARENT OR GUARDIAN:

I request the LuHi Summer Program's nurse administer the medication as described by my physician to my child.

Name: _____ Date: _____

Signature: _____ Relationship: _____

2. TO BE COMPLETED AND SIGNED BY PHYSICIAN:

Student's Name: _____

Name of Medication: _____

Dosage (1): _____

Dosage (2): _____

MD Signature and Stamp: _____ Date: _____