



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: _____

Is the medication related to this document an EpiPen to be given as a result of an allergic reaction? Yes _____ No _____

If selected yes to the question above, **LuHi recommends you provide 2 EpiPens for your camper**: one to be kept in their backpack/on their person, one to be kept in the Health Office. Will you provide two EpiPens? Yes _____ No _____

If you are not adhering to the recommended two EpiPens, please indicate where you would like the EpiPen stored on campus: In the Health Office _____ In my camper's backpack/on their person _____

2. TO BE COMPLETED AND SIGNED BY PHYSICIAN:

Student's Name: _____

Name of Medication: _____

Dosage (1): _____ Dosage (2): _____

MD Signature and Stamp: _____ Date: _____