



## Agreement to Dispense Medication at B.A.S.E. Camp

Please return to:

B.A.S.E. Camp, 1224 East Elizabeth St, Fort Collins, CO 80524, Fax: 970/ 377-9865

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Primary Health Care Provider: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Frequency: \_\_\_\_\_ Time of Day Medication is to Be Given: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

This Order in Effect for the Period From: \_\_\_\_\_ to \_\_\_\_\_

month/day/year

month/day/year

Printed Name of Prescribing Practitioner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Prescribing Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian:

It is agreed and understood that this medication will be provided by the parent/guardian in the **original pharmacy container, labeled** with the **name** of the **medication, dosage, route** of administration, **frequency** of use and **child's name**. (NOTE: In order for staff to accept the medication listed above, it must be delivered **WITH** a copy of this **Agreement to Dispense Medication**.)

I hereby give permission for \_\_\_\_\_  
to take the medication at B.A.S.E. Camp. I understand that it is the parent/guardian's  
responsibility to furnish this medication.

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_