

**Massachusetts Junior Conservation Camp
37 Pierce Street
Northboro, MA 01532
(508) 450-5120**

Parental permission:

Camper's name: _____ Age _____

Camper's address _____ Phone _____

I hereby give permission for my child to be given medication as prescribed and directed by our physician (or as directed by me, if non-prescription medication).

Date

Signature of Parent or Guardian

PHYSICIAN'S ORDER FOR CAMP NURSE:

Camper's name: _____ Age _____

Drug _____ Prescription # _____

Dosage _____ Frequency _____

Duration _____

Diagnosis _____

Date

Signature of Physician

Phone number

* The physician may choose to attach written orders instead of filling out this portion of the form.