

Middlesex Club
MSX Swim and Tennis Camp
Doctor's Prescriber

In order for your child to receive anything other than non-topical medication, this form must be filled out by your child's doctor or pediatrician and accompanied by the parental Permission of Medication form.

Name of Child: _____ Date of Birth: __/__/____
Address: _____
Telephone: _____

Prescriber's Name: _____
Prescriber's/Office's Address: _____
Phone Number: _____ Fax Number: _____

#1 Medication: _____ Dosage: _____
Date Ordered: _____
Time taken: _____ Controlled Drug: **YES NO** (circle applicable)
Type (circle applicable): Topical / Oral / Other: _____
Medication Start: _____ Medication End: _____
Specific instructions: _____

Relevant Side Effects: _____

Management Plan: _____

#2 Medication: _____ Dosage: _____
Date Ordered: _____
Time taken: _____ Controlled Drug: **YES NO** (circle applicable)
Type (circle applicable): Topical / Oral / Other: _____
Medication Start: _____ Medication End: _____
Specific instructions: _____

Relevant Side Effects: _____

Management Plan: _____

By signing and dating this form, you are accurately providing information about this child's medication that will be taken during Youth Camp hours at the Middlesex Club.

Doctor's Signature: _____ Date: __/__/____
Doctor's Printed Name: _____