

All medication will be administered by our Summer Camp nurse. If your child will be receiving medication of any kind during the Summer Camp (at home or at Benchmark), please follow these steps:

1. This form should be completed, signed by you and the physician, and returned to Benchmark. (The physician's signature is only required if medication will be administered at Benchmark.)
2. Drop off all medication at Benchmark School AT LEAST ONE WEEK PRIOR TO THE FIRST DAY OF THE SUMMER CAMP.
3. Pick up all remaining medication at the end of the Summer Camp.
4. If your child needs to carry medication on his/her person, i.e. inhaler, PLEASE CALL THE NURSE AND SHE WILL SEND YOU AN ADDITIONAL FORM TO BE COMPLETED.

PHYSICIAN'S REQUEST FORM
THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL

Student's Name:		D.O.B.
Street Address:		
City:	State:	ZIP:
Physical condition for which medication is to be given.		
Name of Medication:		
Dosage and method of administration (Please indicate instructions below)		
MED. ADMIN. AT HOME - Dosage/Time: _____ _____ _____		MED. ADMIN. BY BENCHMARK NURSE/STAFF - Dosage/Time: (Need Physician's Signature Below) _____ _____ _____
Possible reactions that need to be reported to the physician:		
Disposition of student following administration of medication (e.g., rest, home, hospital, doctor's office, return to class)		
THE ABOVE MEDICATION CANNOT BE SCHEDULED FOR OTHER THAN DURING SCHOOL HOURS AND SUCH MEDICATION MAY BE ADMINISTERED BY MEDICALLY UNTRAINED SCHOOL PERSONNEL WHENEVER NECESSARY.		
Physician's Name:	Parent's Signature: _____	
Address:	Physician's Signature: _____	
** (Only required if medication is to be administered at school)		
Date of Request:		Telephone:
Medication to be continued as above until: (Date)		