

Easter Seals Camp Fairlee
22242 Bayshore Road
Chestertown, MD 21620
410-778-0566 fax 410-778-0567



MEDICATION CHANGE FORM

This form must be completed if there has been a change in medication/dosage, a PRN, or a new medication has been prescribed since the original participant health form had been completed. Medication administration times are typically: 8:30am, 12:30pm, 5:30pm, and 8 pm—other times can be accommodated, please note appropriate times.

Participant Name _____

#1 Medication: _____	Dosage: _____
Times taken each day: _____	Route: _____
Date of Order: _____	Side effects: _____

#2 Medication: _____	Dosage: _____
Times taken each day: _____	Route: _____
Date of Order: _____	Side effects: _____

#3 Medication: _____	Dosage: _____
Times taken each day: _____	Route: _____
Date of Order: _____	Side effects: _____

#4 Medication: _____	Dosage: _____
Times taken each day: _____	Route: _____
Date of Order: _____	Side effects: _____

#5 Medication: _____	Dosage: _____
Times taken each day: _____	Route: _____
Date of Order: _____	Side effects: _____

I hereby authorize Easter Seals Camp Fairlee to administer the prescribed medication/s.

Physicians Signature _____ Date _____

Printed Name: _____ Phone _____

