

Youth Programs

Medication Authorization Form

MEDICATION REQUIREMENTS:

All prescription must be in its original container with original pharmacist label with date medication prescribed, prescription name, dosage amount, child's name, and physician's name.

All over the counter (OTC) non-prescription medications must be labeled with child's name

All medication (prescription and OTC) must be given to summer camp staff or faculty upon arrival.

Child's Name: _____

Authorization is effective from _____ to _____.
(Start Date) (End Date)

I authorize _____ to be administered by camp staff and/or faculty.

Instructions for administration of medication and dosage information: _____

_____ I will pick up any remaining medication from summer camp staff and/or faculty.

_____ I give summer camp staff and/or faculty permission to dispose of any unused medication.

Parent/Guardian Signature _____ Date _____

RECORD OF MEDICATION ADMINISTRATION (TO BE FILLED OUT OF SUMMER CAMP STAFF/FACULTY)

Staff Name	Date	Name of Medication	Dosage	Time