



AUTHORIZATION FOR MEDICATION

If your child needs to receive medicine at camp, please complete the form below. Medications must be given to camp staff in the original prescription packaging. We will use this form to keep an accurate record of when our staff members distribute this medication.

This Medication is to be given to (Child Name): _____

Name of Medication or Prescription: _____

Amount of Medication to be given: _____

Special Instructions:

Parent's Signature _____

Date _____

