

MEDICATION AUTHORIZATION FORM

(One form per child, per medicine)

Medication will not be administered without this form. Only medication prescribed by a physician will be administered. All medication must be brought to camp in the original container with the prescription label contain the medication name, child's name and dosage. Medication will be given according to the direction on the label.

Child's Name: _____

Medication Name: _____

Medication directions as on the label: _____

Prescribing physicians name: _____

Is this a new medication for this child? _____

Possible side effects: _____

Actions if side effects or reactions occur: _____

Who administers this medication? _____

Storage instructions: _____

Special instructions: _____

Parent Signature: _____ **Start Date:** _____

COMPLETE WHEN MEDICATION IS FINISHED:

Parent Signature: _____ **Release Date:** _____