

## 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:** \_\_\_\_\_

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**COMPLETE WHEN MEDICATION IS FINISHED:**

**Parent Signature:** \_\_\_\_\_ **Release Date:** \_\_\_\_\_

