



## Authorization for Medication Administration

- If a camper must receive medication during her/his time at camp, please bring this completed form, along with the medication to camp registration.
- Submit this form and the medication to the Health Care Staff member at registration.
- Medications must be in their original prescription containers.

Camper's Full Name: \_\_\_\_\_ Camp Dates: \_\_\_\_\_  
(Please print)

1. Medication Name	Time of day	Dose	2. Medication Name	Time of day	Dose	3. Medication Name	Time of day	Dose

Please list any known allergies:  
 (Medication, food, etc.)

List any restrictions on physical activity, major illnesses, or injuries, and explain any other issues we should be aware of: (use back if needed)

### PARENT / GUARDIAN AUTHORIZATION

*"I give my consent to the Health Care Staff Member to administer the above medication to this camper during her/his summer camp program"*

\_\_\_\_\_ ( ) \_\_\_\_\_ / / \_\_\_\_\_  
(Parent/Guardian Signature) (Printed Name) (Phone) (Date)



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