



MEDICATION AUTHORIZATION FORM

CAMPER INFORMATION
Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
Program / Event Name \_\_\_\_\_ Today's Date \_\_\_\_\_
List any known drug allergies/reactions \_\_\_\_\_

MEDICATION AUTHORIZATION (one medication per box)
Name of Medication \_\_\_\_\_ Reason for Taking \_\_\_\_\_
Dosage \_\_\_\_\_ Time(s) to be given: \_\_\_\_\_
(Medicine is normally administered at meal & bed times.)
Dates to be given from \_\_\_\_\_ To \_\_\_\_\_
Special Instructions:
Does medication require refrigeration? Yes [ ] No [ ]
Is self-medication required (inhaler, etc.)? Yes [ ] No [ ]
Is the medication a controlled substance? Yes [ ] No [ ]
If yes, do you recommend this medication be kept "on person" by the camper? Yes [ ] No [ ]
Potential Side Effects / Treatment in the event of adverse reaction:
.....
Name of Medication \_\_\_\_\_ Reason for Taking \_\_\_\_\_
Dosage \_\_\_\_\_ Time(s) to be given: \_\_\_\_\_
(Medicine is normally administered at meal & bed times.)
Dates to be given from \_\_\_\_\_ To \_\_\_\_\_
Special Instructions:
Does medication require refrigeration? Yes [ ] No [ ]
Is self-medication required (inhaler, etc.)? Yes [ ] No [ ]
Is the medication a controlled substance? Yes [ ] No [ ]
If yes, do you recommend this medication be kept "on person" by the camper? Yes [ ] No [ ]
Potential Side Effects / Treatment in the event of adverse reaction:
\_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION
I authorize Woodland Christian Camp to administer the above medication to my child. Medication must be registered with the First Aid Tech upon Check-in. If this is a prescription medication, it must be in the original container and be properly labeled with the camper's name, name of medication, dosage, strength, and the date of drug expiration when appropriate.
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Cell Phone \_\_\_\_\_

SELF-ADMINISTRATION AUTHORIZATION (Section to be completed only if self-medication is necessary)
I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless Woodland Christian Camp, its volunteers, and the board members against any claims that may arise relating to my child's self-administration of prescribed medication(s).
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

