



# AUTHORIZATION FOR MEDICATION ADMINISTRATION

**- BRING WITH YOU TO CAMP!**

Medication **MUST** be turned in to camp nurse **when child arrives**.

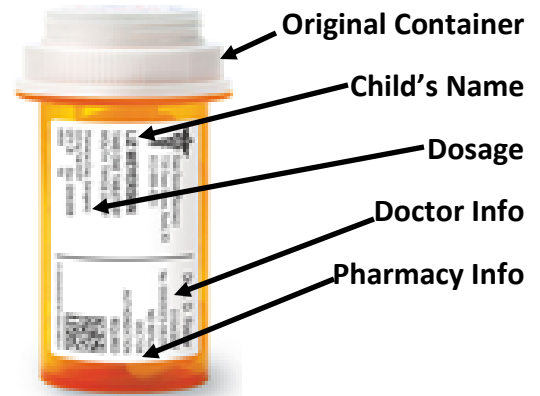
MUST be in **original pharmacy dispensed bottles**.

MUST have **child's name, exact dosage, pharmacy, and prescribing doctor info** on it.

*Please bring this completed form with medication to camp.*

**We cannot accept medication in any other way!**

CAMPER Name (Please Print) \_\_\_\_\_



### MEDICATION #1:

Name of Medication \_\_\_\_\_ Reason for Taking: \_\_\_\_\_

Time of Day: \_\_\_\_:\_\_\_\_ am/ pm      Dosage: \_\_\_\_\_ Notes: \_\_\_\_\_

\_\_\_\_:\_\_\_\_ am/ pm      Dosage: \_\_\_\_\_ Notes: \_\_\_\_\_

\_\_\_\_:\_\_\_\_ am/ pm      Dosage: \_\_\_\_\_ Notes: \_\_\_\_\_

Does medication require refrigeration?  Yes  No

### MEDICATION #2:

Name of Medication \_\_\_\_\_ Reason for Taking: \_\_\_\_\_

Time of Day: \_\_\_\_:\_\_\_\_ am/ pm      Dosage: \_\_\_\_\_ Notes: \_\_\_\_\_

\_\_\_\_:\_\_\_\_ am/ pm      Dosage: \_\_\_\_\_ Notes: \_\_\_\_\_

\_\_\_\_:\_\_\_\_ am/ pm      Dosage: \_\_\_\_\_ Notes: \_\_\_\_\_

Does medication require refrigeration?  Yes  No

### MEDICATION #3:

Name of Medication \_\_\_\_\_ Reason for Taking: \_\_\_\_\_

Time of Day: \_\_\_\_:\_\_\_\_ am/ pm      Dosage: \_\_\_\_\_ Notes: \_\_\_\_\_

\_\_\_\_:\_\_\_\_ am/ pm      Dosage: \_\_\_\_\_ Notes: \_\_\_\_\_

\_\_\_\_:\_\_\_\_ am/ pm      Dosage: \_\_\_\_\_ Notes: \_\_\_\_\_

Does medication require refrigeration?  Yes  No

### PARENT/GUARDIAN AUTHORIZATION

I authorize the camp nurse at Pine Valley Camp the task of assisting my child in taking the above medication(s).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
In Case of Emergency Phone