
Prescribed and Over-The-Counter Medication(s) Authorization Form

I/We, the undersigned, as parent(s) or guardian(s), give my/our consent to give the prescribed and/or over-the-counter medication(s) to my/our child _____
Student's Name

during the summer program, in the dosage and schedule given below.

It is my/our understanding that at any moment during the hours of the summer program the student identified herein is NOT authorized to have in his/her possession prescribed and over-the-counter medication(s).

The parent or guardian should give the medication(s) to the program authorized personnel in a sealed plastic bag with sufficient instructions in regards to dosage, schedule of administration, and any other pertinent information.

Camp staff will not be responsible for administering any medication requiring special training or nursing skills, such as injections for diabetes or allergies. The camp admissions staff should be notified of any special medical needs to determine if the student can be accepted.

Students with contagious medical conditions will not be permitted to attend camp.

Physician Name: _____ **Phone Number:** _____

Address: _____

Authorized Prescribed Medication(s):

Name:

Dosage:

To be given at this/these time/times:

Authorized Over-The-Counter Medication(s):

Name:

Dosage:

To be given at this/these time/times:

Student Signature

Mother's or Guardian Signature

Date

Father's or Guardian Signature