

Medication Form:

Prescription medications must be in the original container with the pharmacist's label marked with the prescription number, date, child's name, and physician's name.

All non-prescription medications (OTC's) must be labeled with child's name.

Please fill out one form per medication. Turn this form in to camp staff with your medication(s) upon arrival at your camp.

Child's Name:

Authorization is effective from _____ until
_____.

(start date) (end date)

I authorize the administration of

_____ by
day camp staff.

(name of medication/s)

Instructions for administration of medication/s (dosage instructions):

I will pick up any remaining medication from the Camp of Champions camp staff if not used.

I give the Camp of Champions camp staff permission to dispose of any unused medication.

Parent/Guardian Signature:

Date: _____