

Medication Authorization Form

Medication Requirements

All non-prescription medications (OTC) must be labeled with child's name, dosage, doctor's name and expiration date of medication. _____ (parent initial)

Staff reserves the right to call 911 if in the judgment of the staff member a participant is having a medical emergency. _____ (parent initial)

I will pick up any remaining medication from Camp staff if not used. _____ (parent initial)

Please fill out one form per medication. Turn this form in to camp staff with your medication(s) upon arrival at your drop off or pickup and speak directly to the Spark Squad Coordinator.

Child Name _____

Parent Name _____

Authorization is effective from _____ until _____.
(start date) (end date)

I authorize the administration of _____ by day camp staff.
(name of medication)

Instructions for administration of medication (dosage instructions)

Parent Guardian Signature: _____ Date: _____