

City of Palm Bay Authorization for Dispensing Medication

The parent or legal guardian that registered the child for camp must complete and sign this form. ***If your child is currently not on medication, please write none and sign.**

I hereby authorize a representative of the City of Palm Bay to dispense the following medications to:

Child's Name _____

Name of Medication	Strength of Medication	Form of Medication (Pill, liquid, etc.)	Dosage & Instructions	Time(s) of the day to be given	Dates to be given	

I understand that a one-day supply of medicine must be provided in the original prescription bottle as labeled and received from the pharmacy.

Signed _____ Date _____
Parent or Guardian

For Official Use Only

Name of Medication	Amount given (refer to dosage instructions)	Date given	Time given	Signature of staff dispensing medication	Checked by supervisor (initial)