

Medication Authorization Form

Camp Nurse Verification

AM – Lunch – PM – Other: _____

Camper: _____ Food Allergy (if applicable): _____ Medication (Listed Below)

All medication to be administered at camp must comply with the following guidelines and be locked in the health office:

1. **All medication must be in the original container.** All prescription medication must be in the camper's name.
Sharing of prescription medication is not allowed. Inhalers must be accompanied by the prescription label.
2. All medication must be accompanied by this dated medication authorization form signed by the parent / legal guardian.
3. Please include instructions for over the counter medications.
4. **Prescription medication will be given as directed on the label.**
5. If there has been a change in the dosage, please send a note from the camper's doctor reflecting the change.

List all medications your child will be taking while at camp. **Prescriptions will be given as directed on the label.**

Medication	Dosage	Time to be given	Special instructions	For camp staff use, please do not write here					