

for camp use only:

MEDICATION AUTHORIZATION FORM Camp Dates: Fri., Nov. 17, 2023 – Sun., Nov. 19, 2023

To be completed by paren	<u>t</u> :					
Child's Name:		Date of B	irth:	Weight:		
 rules for administering medi The medication must name, date, name of doctor/nurse practiti Over the counter medication same Medications are to be 	cation while at camp. st be in its original contai of medication, expiration ioners name, pharmacy i edications must be in the oples must be accompan	ave read and complied with the iner, with a legible label from the date, dosage, time and number name and telephone number. For original containers and label hied by a doctor's written prescribing indicated on the label (twins / itioner's order.	ne pharmacy, inc or of days medicated and with child's noticed ription.	dicating the child's ation is to be given, the		
Please initial the following if	your child must carry h	er own emergency medication	:			
and competent in the approp	priate use of, her prescri	uardian of this child, I acknowle bed asthma inhaler. I authorize vided a second inhaler to the C	my child to pos	sess/carry her own		
child is responsible for, and child to possess/carry her of will immediately request ass	competent in the approp wn prescribed injector wl sistance from an emerge	As the parent/guardian oriate use of, her prescribed Ephile at camp. I understand the ncy medical service provider if mp Nurse in case of loss or other.	inephrine Auto- Camp Nurse, or this medication	Injector. I authorize my other designated adult,		
prescribed, or non-prescrib claim for negligence in con to hold them harmless from medicines.	eed, medication(s) listed nection with the adminis n any liability incurred as	give permission for the design below to my child. The unders stration or non-administration is a result of the administration	signed agrees n of this medicind or non-adminis	ot to file or make any e(s) and further agrees		
	• •					
Signature of Parent/Guard	lian:		Date:			
Primary Emergency Phone:		Secondary Emergency Phone:				
LIST ALL MEDICATIO	NS HERE					
Medication Name	Treatment of:	Mg / Type Ex: 100 mg Tablet	Dosage / T	ime		
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