

MEDICAL ADMINISTRATION AUTHORIZATION FORM

My child, _____ (camper name),
is allergic to or currently prescribed (circle)

(if this is not applicable, please write N/A above)

I, _____ (parent name), would like to request that

(medicine type) be administered to my child.

The frequency that this medication should be given to my child is

(example: once/day or at 2pm)

Special Instructions for medication application or any other additional Information:

Parent Name (Print): _____

Parent Name (Signature): _____

Camper Name: _____

Camper Age: _____