



SUMMER DAY CAMP

MEDICATION AUTHORIZATION FORM

MEDICATION REQUIREMENTS

Prescription medications must be in the original container with the pharmacist's label marked with the prescription number, date, child's name, and physician's name.

All non-prescription medications (OTC's) must be labeled with child's name.

Please give all medications to camp staff upon arrival at your camp.

Child's 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):

*All remaining medication will be returned to parent/guardian at the end of each week. If medication is not picked-up the Village of Bellevue will dispose of medication in an environmentally safe manner.

Parent/Guardian Signature: _____ Date: _____

RECORD OF ADMINISTRATION (TO BE FILLED OUT BY CAMP STAFF)

	Staff Name	Date	Name of Medication	Dosage	Time
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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