

Medication Authorization

****this form must be completed in it's entirety before Camp Elachee staff members can dispense any medication****

Child's Full Name: _____

Name of Medication: _____

Prescription Number: _____

Time Medication is to be Administered: _____
(Medication will not be given on an "As Needed" basis, specifics must be provided)

Amount of Medication to be Given: _____

Dates to be Given: _____

Parent/Guardian Signature

Today's Date