Medication Authorization

*This form must be completed in its 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