

2025 MEDICATION AUTHORIZATION



Camp Discover & Specialty Camps 2025 Fully complete and return this form to the Member Service Desk (Please fill out if your child needs help applying sunscreen)

Only prescription medication (no over-the-counter medication) will be administered during program hours. If your child requires medication while attending the program, a **Medication Authorization Form** must be completed.

This form also provides space for staff to document each administration.

Parents must hand all medications directly to a staff member—**do not send medication with your child.** All medications will be stored in a locked medicine box, and children are not permitted to keep medication in their possession.

PRESCRIPTION MEDICINE MUST BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES AND THE PHYSICIAN'S NAME

Child's Personal Information – One Child Per Form							
Child's Name		Gender	Age	Birthday (MM/D	D/YYYY)		
Home Address			Home Telephor	Home Telephone		Guardian with whom Child Resides	
Date Medication Taken From (MM/DD/YYYY) – To (MM/DD/YYYY)							
Dosage	Administrations	Administrations Time(s)					
Possible Side Effects							
Parent/Guardian Signat		Date:					
Record of Administration							
Staff Name	Date	Medication Name Dos		ge	Time		

For Staff Use Only: Date Received _____/ Initials _____