# 2026 MEDICATION AUTHORIZATION

Camp Discover 2026

*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/DD/YYYY) |
|---|---|---|---|
| | | | |

| Home Address | Home Telephone | Guardian with whom Child Resides |
|---|---|---|
| | | |

| Date Medication Taken From (MM/DD/YYYY) – To (MM/DD/YYYY) | |
|---|---|
| | |

| Dosage | Administrations Time(s) |
|---|---|
| | |

| Possible Side Effects |
|---|
| |

| Parent/Guardian Signature: | Date: |
|---|---|
| _____ | _____ |

## Record of Administration

| Staff Name | Date | Medication Name | Dosage | Time |
|---|---|---|---|---|
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**For Staff Use Only:** Date Received _____/_____/_____ Initials _____