

# Medication Authorization Form

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Medication Dosage: \_\_\_\_\_

Time of Day: \_\_\_\_\_

**By filling out and signing this form you authorize the specified medication and dosage to be dispensed to your child during camp hours.**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

*For Camp Use Only*

Monday	Tuesday	Wednesday	Thursday	Friday