



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEDICATION, SUNSCREEN & HAND SANITIZER PERMISSION

Medical Authorization

(Must be filled out by parent if child needs to be given medication at Day Camp.)

Name of Child _____ Date of Birth ____ / ____ / ____

Name of Medication _____

Reason for Medication _____

Start Date _____ Stop Date _____

Times to be given _____ Amount to be given _____

Possible Side Effects

To be given: Oral ___ Topical ___ Other _____ Requires Refrigeration: Yes ___ No ___
Above information must be consistent with label. Also medication must be prescribed by a health care provider and come in its original prescription container. No over the counter medications will be given.

Special Instructions _____

Other Information _____

Signature of Parent/Guardian _____ Date _____

Daytime Phone Number _____ Cell Phone Number _____

Medication Record

(Must be filled out by the staff person who gives the medication.)

Date	Time	Dosage	Initials	Reason Not Given	Side Effects Observed

Signatures/initials that correspond to initials of persons giving medication:

