

Medication Authorization Form

Note: One form per medication

Prescription or non-prescription medication including but not limited to pain relievers, cough syrup, antihistamines, will be held and administered by camp staff:

****Exceptions are Inhalers and EpiPens, they should be carried by campers***

1. A medication authorization form signed and dated by the parent is on file.
2. Prescription medication is in the original container and labeled with the child's name, name of drug, dosage and directions for administering, date and physician's name.
3. Non-prescription medication is in the original container, labeled with the child's name, dosage, and directions for administering.
4. All medications are secured in a tightly-covered container and stored so that they are not accessible to campers.
5. Medications requiring refrigeration are kept in the refrigerator or cooler in a separate tightly-covered container, away from campers and clearly marked "medication"

Name of Camper: _____

Medication Name: _____

Dosage: _____

Time to Be Given: _____

Dates to be Given: From _____ to _____

I authorize Portland Audubon to dispense the above medication in accordance with the administration information.

Parent/Guardian Signature: _____ Date: _____

Med Administered By	Dosage	Date	Time

