



## AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF MEDICATION

This form must be completed by a Parent/Guardian

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Over the counter medication (OTC) and prescribed medications are administered following these guidelines:

- One of these forms must accompany each new medication or change in dosage that may occur during the summer.
- Parent signed, dated authorization to administer the medication.
- The medication is in the original labeled container as dispensed or the manufacturer's labeled container.
- Adult delivery of medication to designated camp personnel (rather than the child).
- Annual renewal of authorization and immediate notification, in writing, of changes.
- Adult pick up of medication at the end of the session/summer (rather than the child).
- **Summer Adventures in Learning will not provide any medication not provided by the parent/guardian themselves.**

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

Dosage: \_\_\_\_\_ Time to be administered: \_\_\_\_\_

Instructions for use: \_\_\_\_\_

Other information staff should know about camper and this medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### AUTHORIZATION

- I give permission to Summer Adventures in Learning personnel to administer this medication. I understand that there is no nurse present to administer medication.
- I will notify the school immediately if my child's health status changes, or this medication needs to be discontinued.
- I understand that medication/health information may be shared with staff who interact with my child.
- I have read and understand the guidelines listed above.
- I authorize personnel to administer this medication to my child.

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_