

Williston Summer Camps

Medication Authorization Form

Fill out this form completely and bring with your child and the medications on their first day of camp. Do not mail or drop off. Camp directors cannot administer any medication until this form is completed and returned to them. Please carefully read the instructions below. If these procedures are not followed we will not be able to administer any medication to your child.

PRESCRIPTION MEDICATION:

1. Prescribed medication must be in its original packaging and/or bottle with your child's name on it.
2. It must identify the prescribing physician, the name of the medication, the dosage, and the frequency of administration.
3. All information on the bottle must also match the information that you fill out below.
4. Place this form and medication in a zip lock bag and give to the Camp Director, ONLY, on your child's first day of camp.
5. Only one week's dosage can be accepted.

NON-PRESCRIPTION MEDICATION:

1. Must be received in original packaging and/or bottle.
2. Parents must write out the dosage and frequency of administration below and place this form with original packaging in a zip lock bag.
3. Give to Camp Director, ONLY, on your child's first day at camp.
4. Only one week's dosage can be accepted.

Consent to Administer Medication

The Consent to Administer Medication portion of this form is good for the summer, unless there is a change in medication or dosage. The Medication Log, has to be renewed each session/week, which medication will be given while your child is at camp. You will need to provide a new Medication Log on Mondays with the medication. Only send enough medication for one week.

Child's Name: _____ Gender: M F DOB: ____/____/____
 Prescribing Physician _____ Office Phone # _____

Medication:

Medication #1 _____ Dosage _____
 Times to be administered: _____ Refrigerate: Yes ___ No ___
 Side effects _____
 Stop medication if the following reactions occur: _____

Medication #2 _____ Dosage _____
 Times to be administered: _____ Refrigerate: Yes ___ No ___
 Side effects _____
 Stop medication if the following reactions occur: _____

Medication #3 _____ Dosage _____
 Times to be administered: _____ Refrigerate: Yes ___ No ___
 Side effects _____
 Stop medication if the following reactions occur: _____

Medication Log

Campers Name: _____ **For the week of:** _____

Consent: I hereby give permission for my child to take the below listed prescription or non-prescription medication(s), as ordered, at the Williston Recreation & Parks Department's Summer Camp. I give permission for this medication to be administered by the Camp Director or his/her designee.

Signature of Parent/Guardian _____ **Date** _____

This Section is to be filled out by the camp director each day that medication is administered:

	Name of Medication	Dosage	Time Medication Given				
			<i>MON</i>	<i>TUE</i>	<i>WED</i>	<i>THUR</i>	<i>FRI</i>
1.							
2.							
3.							