Medication Administration Authorization

MEDICATION REQUIREMENTS:

Prescription medications must be in the original container with the pharmacist's label marked with the prescription number, date, child's name, and physician's name.

All non-prescription medications (OTC's) must be labeled with child's name.

Please fill out one form per medication. Turn this form in to camp staff with your medication(s) upon arrival at your camp.

Child's Name: _____

Authorization is effective from _____ until _____.
(start date) (end date)

I authorize the administration of _____ by day camp staff.
(name of medication/s)

Instructions for administration of medication/s (dosage instructions):

_____

_____

_____

☐ I will pick up any remaining medication from the NYSP camp staff if not used.

☐ I give the NYSP camp staff permission to dispose of any unused medication.

Parent/Guardian Signature: _____ Date: _____

RECORD OF ADMINISTRATION (TO BE FILLED OUT BY CAMP STAFF)

Staff Name	Date	Medication	Dosage	Time