

PARENTS:

Please fill this form out and have it ready to give to the Camp Nurse. Remember, all medications must be given in the original pharmacy container including the label listing name, dosage and times to be administered. - Thank you!

MEDICATION AUTHORIZATION FORM

Camper's Name: _____

Camp week attending: _____ Dates: _____

Cabin/Motel: _____

Allergies: _____

Please check the following medications or their generic equivalent, that may be administered if the Camp Nurse deems necessary.
Dosages are administered according to directions on the bottles, unless a physician orders otherwise.
___ All the following may be administered
___ Administer only the checked medications
___ Tylenol (acetaminophen) ___ Imodium AD
___ Advil/Motrin (ibuprofen) ___ Sudafed/Dimetapp/Robitussin
___ Murine/Visine Eye drops ___ Milk of Magnesia
___ Maalox/Tums

Medication	Dosage and Frequency	Time of last dose	Reason for medication	Pill count

The above information is accurate and I grant permission for the staff of SRBC to administer these medications.

PARENT SIGNATURE _____

DATE _____