



## DAY CAMP

### MEDICATION AUTHORIZATION FORM

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#### 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 give all medications to camp staff upon arrival at camp.

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Child's name \_\_\_\_\_

Authorization is effective from \_\_\_\_\_ until \_\_\_\_\_ .  
(Start Date) (End Date)

I authorize the administration of \_\_\_\_\_ by day  
camp staff.  
(Name of Medication)

Instructions for administration of medication (dosage instructions):

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\*All remaining medication will be returned to parent/guardian at the end of each week. If medication is not picked-up the Village of Allouez will dispose of medication in an environmentally safe manner.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

	Staff Name	Date	Name of Medication	Dosage	Time
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
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<b>24</b>					