



**K&E CAMPS**

# AUTHORIZATION TO ADMINISTER MEDICATION

To Be Completed by Parent/Guardian *only* if camper needs medication during the camp day.

Camper Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Parent 1 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

I REQUEST THAT MY CHILD BE ASSISTED IN TAKING THE MEDICINE(S) DESCRIBED BELOW AT CAMP BY CAMP STAFF. (If more than one medication is required, please complete a separate authorization form for each.)

Name of Medicine: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Form:  Tablet  Liquid  Chewable  Drops  Other (specify) \_\_\_\_\_

Dose: \_\_\_\_\_

If medicine is to be given DAILY, at what time? \_\_\_\_\_

If medicine is to be given WHEN NEEDED, describe indications: \_\_\_\_\_

Possible Side Effects/Adverse Reactions: \_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_