

# 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

**This form has to be done each session/week that medication will be given to your child while at camp. You will need to provide this form and the medication for the session/week on Monday of each session/week. 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: \_\_\_\_\_

**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** \_\_\_\_\_

**For Camp Use Only:** This Section is to be filled out by the camp director each day that medication is administered

### Medication Log

**Campers Name:** \_\_\_\_\_ **For the week of:** \_\_\_\_\_

Name of Medication	Dosage	Time Medication Given				
		MON	TUE	WED	THUR	FRI
1.						
2.						
3.						