

Non-Prescription Medication Authorization / Administration Form

TO BE COMPLETED BY PARENT / GUARDIAN

Child's Name: _____ Date of Birth: __/__/__
 Program Name: _____ Today's Date: __/__/__

To administer a prescription medication:

- The medication must be in it's original container labeled with the child's first and last name. Twins and siblings cannot share.
- Exact directions will be followed in accordance with the manufacturer's instructions on the container unless accompanied by a physician's/nurse practitioner's written permission.
- If the container does not identify a dose for specific age, a physician's/nurse practitioner's authorization is required. Please use the Prescription Medication form for all prescription medications.
- A separate authorization is required for each medication and each episode of illness.
- Parent / Guardian is to give as many doses as possible at home.

Medication: _____

Reason for giving: _____

Start Date: __/__/__ End Date: __/__/__

Dosage: _____ Time(s) to be given at Day Camp: _____ a.m. _____ p.m.

Last dose was given at _____ a.m. / p.m. on date __/__/__

Route: by mouth, skin (location) _____, eye (R/L), ear (R/L)

Possible side effect: _____

Special Handling / storage instructions: _____ Refrigeration: Yes / No

Parent / Guardian Signature required: _____

Staff must record for each dose given with signature below

Days	Date	Time	Dosage	Safety Check	Signature
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Unused Medication (circle one): Return to Parent Discard appropriately

**Keep this form in the child's file when medication is finished.*