FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEDICATION RELEASE FORM

Medical Authorization

(Must be filled out by parent if child needs to be given medication at Day Camp.)

Name of Child _____ Date of Birth _____ / _____ / _____

Name of Mediation _____

Reason for Medication _____

Start Date _____ Stop Date _____

Times to be given _____ Amount to be given _____

Possible Side Effects

_____

_____

To be given: Oral ☐ Topical ☐ Other _____ Requires Refrigeration: Yes ☐ No ☐
Above information must be consistent with label. Medication must be prescribed by a health care provider and come in its original prescription container. No over the counter medications will be given.

Special Instructions _____

Other Information _____

Signature of Parent/Guardian _____ Date _____

Daytime Phone Number _____ Cell Phone Number _____

Medication Record

(Must be filled out by the staff person who gives the medication.)

Date	Time	Dosage	Initials	Reason Not Given	Side Effects Observed

Signatures/initials that correspond to initials of persons giving medication:

_____ _____

_____ _____