## **MEDICATION AUTHORIZATION FORM**

<u>Medication Requirements:</u> Prescription medication shall be in the original container and labeled with the child's name, instructions, and physician's name. All over the counter medicine shall be in the original container and should be labeled with the child's name and dosage. *Medication cannot be for "general use"*, parent must give specific times and dates in order for it to be administered.

I authorize Andrews Academy Summer Camp Staff to administer:							
Nar	me of Medication	to Child's Full Name					
Time t	o be given:_ _		Dosage:				
A							
Authorizatio	on Effective i	Month/Day/Yo		Month/Day/Year			
External Appl	lications:						
Possible side	effects:						
Signature	:		Date: _				
===FOR OFF	ICE USE ONL	<b>/</b> ========		==========			
Date	Time	Medication Name	Dosage	Staff Initials			

## **MEDICATION AUTHORIZATION CONTINUED**

Child's Name:							
Medication:							
===FOR OFFI	CE USE ONI	-Y=========					
<u>Date</u>	Time	Medication Name	Dosage	Staff Initials			