



Non-Prescription Medication Form

AUTHORIZATION FOR ADMINISTRATION OF
OVER-THE-COUNTER MEDICATION DURING SUMMER CAMP HOURS

Camper's name: _____

Camper's date of birth: _____

Name of medication: _____

Reason for medication: _____

Directions for administration of medication:

Anticipated duration of medication use:

I hereby give permission for the above medication to be administered to my child.

Parent/Guardian signature

Date