Medication Authorization Form

REQUIRED for all campers attending Camp at Camp Bayouca

Camper's Last Name _____ First Name _____

Weight _____ D.O.B. _____

Over the Counter (OTC) Medications

Please check medications from the list below to give Camp Bayouca permission to administer per label instructions.

- ☐ Acetaminophen
- ☐ Ibuprofen
- ☐ Tums
- ☐ Diphenhydramine (Benadryl)
- ☐ Sudafed
- ☐ Neosporin/bacitracin
- ☐ Loperamide/Imodium
- ☐ Anti-fungal cream
- ☐ Hydrocortisone 1% cream
- ☐ Robitussin

Prescription Medications

All medication must be in original bottle/container, and be clearly labeled with the camper's name, dose, routine of administration, frequency, and provider's name. **Please fill in the EXACT name of the medication as listed on the bottle, inhaler, etc.**

Medication Name	Dosage/Route	Frequency/Time	Instructions *Include conditions under which as needed medications should be given	Notes (for Camp Bayouca Nurse use)
		☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ As Needed		
		☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ As Needed		
		☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ As Needed		

Medical Provider's Name _____ Parent Signature _____

Medical Provider's Signature _____ Date _____

Medical Provider's Phone Number _____