Washington Sailing Marina Summer Sailing Camps Vashaw Ent Inc. AUTHORIZATION FOR MEDICATION

An Authorization for Medication must be filled out completely and accurately for each medication prescribed by your physician or the medication will not be administered to your child.

Reminder: medications will not be administered without written instructions.

I hereby authorize the summer sailing camp at the Washington Sailing Marina/ Vashaw Ent. Inc to administer the following medication to my child, _____

enna,		Name of chi	ld		
Prescription: Medication Dosage			on		
	(Given at		for	days
Non-F	Prescrinti	on∙ Med	ication		
	resempti				
Given at				for	days
Parent	ts name			date	
Parents name Parent Signature				date	
Doctor's name				date	
			T REQUIRED)		
2000		(1.5	date		
Date	Dosage	Time	Medication	Signature of staff	Witness
					Initials
		_			