

MEDICATION AUTHORIZATION FORM

In order for medication to be administered to participants. This document must be fully completed and **signed by both the parent and physician. The following rules must be followed:**

1. All prescription, over the counter (OTC) medications, medicated creams & vitamins/herbal supplements provided by the parent require both doctor's order and parent permission.
2. All items must be delivered to camp in the original pharmacy or OTC containers.
3. All prescription, OTC medications medicated creams & vitamins/herbal supplements must be current and unexpired.

Name of Camper _____ **Date of Birth** _____

Parent's Name _____ **Primary Phone #** _____
Physician's Name _____ **Primary Phone #** _____

I give permission for the onsite medical designee to administer the following medications for the above named participant:

Medication/OTC/Vitamin Supplement/Cream	Condition Treated	Dosage	Route	Frequency/Time	Conditions for PRN

Below is a list of OTC medications available for participants at camp. Indicate below which can be given to the above named participant.

OTC Medications	Dosage	Route	Schedule	Conditions for PRN	Indicate Below	
Tylenol 325 mg.	Per label by age/weight	Orally	Q 4 hr. pm	Pain or Fever > 100F	Yes	No
Motrin 200 mg.	Per label by age/weight	Orally	Q 6 hr. pm	Pain or Fever > 100F	Yes	No
Mylanta 15 cc	Per label by age/weight	Orally	Q 4 hr. no> 3/24 hr	Minor GI Discomfort	Yes	No
Tum Tablets	Per label by age/weight	Orally	Q 4 hr, no> 3/24 hr	Minor GI Discomfort	Yes	No
Calamine Lotion	Affected area	Topical	Q2-4 hr, prn	Itching Rash	Yes	No
Aloe Gel	1 Packet for affected area	Topical	Q 2-4 hr, prn	Sunburn Discomfort	Yes	No

Parent's Signature: _____ Date: _____

Physician's Signature: _____ NYS License # _____ Date: _____

