



**NON-PRESCRIPTION MEDICATION AUTHORIZATION FORM**

(Please print or type legibly)

PARENT’S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY CAMP PERSONNEL

**Non-prescription medication must be in its original unopened container.**

**Single dose packets work well. NO loose pills in baggies!**

**Campers ARE NOT allowed to carry ANY non-prescription medication**

I hereby authorize, request, and give my consent to the Head of School and his/her delegate (school nurse or camp staff) to store, supervise, and/or administer the following:

Name of Camper: \_\_\_\_\_ Name of Camp: \_\_\_\_\_

Campers Address: \_\_\_\_\_

NON-PRESCRIPTION MEDICATION: \_\_\_\_\_

Dosage/Route of Administration: \_\_\_\_\_

**Reason/Diagnosis: Must be filled in or medication will not be given**

\_\_\_\_\_

Dates to be administered: \_\_\_\_\_

I, the \_\_\_\_\_ of \_\_\_\_\_ request that the medication listed  
(Relationship) (Campers full name)

On this form be administered to my child according to my directions listed above. I agree to deliver the medication to the school nurse or camp staff in the original container, unopened. I also release Laurel School/Summer at Laurel, and any or all of the school’s officers or employees from any liability or damages resulting from the consequences or adverse reaction of my child taking or failing to take this medication at the times prescribed. I have had the opportunity to ask questions, which have been fully answered to my satisfaction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or legal guardian)

**Scan & email completed forms to: [summer@laurelschool.org](mailto:summer@laurelschool.org)**

**OR**

**Fax completed forms to: 216-464-8996**

**Attention: Summer at Laurel**

**For additional assistance, please call: 216-455-3065**