



Medication Authorization Form

I hereby authorize that TIC Summer Camp store and monitor the administration of my child's medication as prescribed by a physician during his/her time at camp. It is in the original bottle. Please dispense it to my child at the appropriate time(s) as indicated below.

Child's first & last name _____

MEDICATION #1

Medication and dose _____

Time(s) to be administered _____

MEDICATION #2

Medication and dose _____

Time(s) to be administered _____

MEDICATION #3

Medication and dose _____

Time(s) to be administered _____

MEDICATION #4

Medication and dose _____

Time(s) to be administered _____

MEDICATION #5

Medication and dose _____

Time(s) to be administered _____

Parent/guardian name (print) _____

Parent/guardian signature _____

Date _____