



Summer Camp Medication Authorization Form

Camper Name:

Date of Birth:

Camp Name:

Weeks Attending:

Parent/Guardian Name:

Phone Number:

Email:

Medication 1

Medication Name:

Reason:

Dosage:

Time(s):

Method:

Storage:

Special Instructions / Side Effects:

Medication 2

Medication Name:

Reason:

Dosage:

Time(s):

Method:

Storage:

Special Instructions / Side Effects:

Medication 3

Medication Name:

Reason:

Dosage:

Time(s):

Method:

Storage:

Special Instructions / Side Effects:

Parent/Guardian Signature:

Date:

Emergency Contact 1:

Phone:

Emergency Contact 2:

Phone: