

PARENT/GUARDIAN AUTHORIZATION TO MEDICATE

Camper Name (print) _____

CAMP (CIRCLE ONE): YKnots I YKnots II SOMapY Teen Theater Build It
Summer Discovery Superhero Academy Masters of Art Global Arts/GLAM

I authorize the above named camper to have medication dispensed at camp by authorized camp personnel according to the instructions below.

Parent/Guardian Name (print) _____ Signature X _____

Date: _____

Name of Medication _____

Condition for Which Medication Is Being Used _____

Cautionary Information Specific to the Medication _____

Dosing Instructions:

When to administer _____

Dosage _____

How to administer _____

Other instructions _____