WINNEWALD DAY CAMP Surname_____

MEDICATION AUTHORIZATION

Camper's Name_____Group_____ Weeks_____

Name of Medication #1_____

Name of Medication #2_____

Name of Medication #3_____

Condition for which the medication is being used and any cautionary information specific to the medication (physician's prescription may be attached):

Instructions for administration including dosage and frequency:

Winnewald Day Camp's designated staff person(s) are authorized to administer medication to the above-named camper:

_____ _____

Signature of Parent/Guardian/Physician Date

Administration Record

Date	Time	Medication	Admin. by	Date	Time	Medication	Admin. by

Initials _____ Name_____

Initials _____ Name_____