

TSMYC Medication Authorization Form

MEDICATION REQUIREMENTS:

- *Prescription medications must be in the original container with the pharmacist's label marked with the prescription number, date, child's name, and physician's name.*
- *All non-prescription medications (OTC's) must be labeled with child's name.*
- *Please give all medications to camp staff upon arrival at camp check-in.*

Child's Name: _____

I authorize the administration of the following medications by camp staff during the period from 06-10-24 until 06-15-24.

Medication name: _____

Dosage and administration instructions: _____

Medication name: _____

Dosage and administration instructions: _____

Medication name: _____

Dosage and administration instructions: _____

Medication name: _____

Dosage and administration instructions: _____

Parent/Guardian Signature: _____ **Date:** _____

Print Parent/Guardian Name: _____

Remaining medication will be available for pick up at camp check-out. Please provide names of persons who may pick up other parent or guardian listed above: _____
