

CAMP CHIPPEWA

Authorization For Prescription and Non-Prescription Medication

No medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label.

Non-prescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so.

Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

Child's Name: _____ Age: _____

1. Medication Name: _____

Amount to be Given: _____ Time to be Given: _____

2. Medication Name: _____

Amount to be Given: _____ Time to be Given: _____

Record of Medications Given: OFFICE USE ONLY

1. Medication Name: _____

Date & Time	Amount	Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Medication Name: _____

Date & Time	Amount	Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This authorization form must be maintained and is only valid for the duration of prescription.

I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

Parent/Guardian Signature
(Retain in child's file for a minimum of four months)

Date