



## Medical Authorization

I authorize the dispensing<sup>1</sup> of \_\_\_\_\_ to \_\_\_\_\_  
name of medication name of camper

by the Co-Director or the Instructor designated by the Co-Director.

Date medication started: \_\_\_\_\_  
month day year

Date medication started at Creative Encounters: \_\_\_\_\_  
month day year

End Date: \_\_\_\_\_

Dosage: \_\_\_\_\_

Times of administration:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Is refrigeration required? YES  NO

Special Instructions: eg. "must be taken with food"

Side Effects:

Stop medication if the following reaction(s) observed: \_\_\_\_\_

Has this medication been prescribed by a physician? YES  NO

**If yes:** prescribing physician's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**If No:** If the event that the camper needs to take non-prescribed medication i.e. Tylenol that the Parent/Guardian has provided the Parent/Guardian will be contacted for permission prior to the camper receiving the medication. Please provide the name and phone number of the parent/guardian to be contacted under these circumstances.

\_\_\_\_\_  
Parent/Guardian Name

Phone #: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please fill out form completely**

**Prior to dispensing, medication must be authorized by Co-Director.**

<sup>1</sup> Please note that Co-Directors and/or Instructors will only dispense medication and will not administer the medication to the camper named above.