

MEDICATION AUTHORIZATION FORM

Medications: Applies to medications that must be taken while at camp. Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire day; you may also bring enough medication for the entire week.

All medications MUST:

- be in original packaging (i.e. labeled prescription vials) that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.
 - have authorization from a physician if a prescription drug (please attach)
 - be administered by a trained and certified medication administration personnel.
- UNDER NO CIRCUMSTANCE SHOULD A CAMPER CARRY OR SELF ADMINISTER ANY MEDICATION WHILE AT BREAD OF LIFE (with the exception of campers allowed to self-carry inhalers).

Child's Name: _____ Date of Birth: _____

My child takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

I authorize the staff members of Bread of Life Christian Center to administer the above medications for the named child at the designated times and at the given dosage during M.A.D Spring Break Summer Camp.

Parent/Guardian Name

Date

Parent/Guardian Signature