

Camp JCC 2017

Medication Authorization Form

For Prescription and Non-prescription Medications

INSTRUCTIONS:

Section A must be completed by the parent/guardian for **ALL** medication authorizations.

Section A and Section B must be completed for any **long-term medication authorizations** (those lasting longer than 10 working days) or **any prescription medication**.

Section A: To be completed by parent/guardian

Medication authorization for: _____

(Child's name)

_____ has my permission to administer the following medication:

(Name of Child Care Provider)

Medication name: _____

Dosage and times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____

(Start date)

(End date)

Parent's or Guardian's Signature: _____ **Date:** _____

Section B: to be completed by child's physician

I, _____ certify that it is medically necessary for the medication(s) listed

(Name of Physician)

below to be administered to: _____ for a duration that exceeds 10 work days.

(Child's name)

Medication(s): _____

Dosage and Times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____

(Start date)

(End date)

Physician's Signature: _____ **Date:** _____

Physicians Phone: _____