

## **Authorization to administer medication**

Name of camper: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Condition for which medicine is being used: \_\_\_\_\_

Cautionary information specific to medication: \_\_\_\_\_

\_\_\_\_\_

Instructions for administration of medication: \_\_\_\_\_

\_\_\_\_\_

Time of day to be administered: \_\_\_\_\_

Name of person administering medication: \_\_\_\_\_

\*(To be filled out by Health director unless Parent/Guardian is administering)

I, the undersigned give the Health Director of Boggs/Barrett Soccer Camp permission to administer the medication listed to my child as deemed necessary.

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

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Health Director's Signature: \_\_\_\_\_

Date administered: \_\_\_\_\_

Time administered: \_\_\_\_\_