

Camp Kinderland
1543 Colebrook River Road
Tolland, MA-1234
413-258-4463

Medication Authorization Form

To be completed by the Parent:

I authorize Camp Kinderland to administer to my child, _____ the medication (name of medication) _____ prescribed by Dr. _____ for the period time from _____ to _____. This medication is prescribed for (diagnosis)_____.

To be completed by the Physician:

Name of medication _____
Dosage of Medication _____
Time of administration _____
Special instructions _____ (include termination date of medication)
Signature _____ (physician, nurse practitioner, dentist, etc.)
Date _____
Print name of above _____
Phone number of above _____

To be completed by Camp:

Quantity received _____	Quantity returned to parent _____
Signature _____	Signature _____
Date _____	Date _____

To be completed by Parent if you are NOT sending any medications to camp:

Name of Child: _____

Signature: _____