



CHRIST CHURCH camps

Medication Authorization Form TO BE KEPT ON FILE IN THE CAMP OFFICE

I certify that, in my opinion, it is medically necessary that the medication described below be administered to _____ during preschool hours and that this medication may be administered by the preschool staff.

Prescription:

Medication: _____

Dosage: _____

Time to be administered: _____

Duration: _____

Date of Prescription: _____

Special Instructions: _____

Signature of Physician: _____ Date: _____
(Required for medications lasting longer than 10 days and emergency medications)

I _____, the parent of guardian of _____, request that the preschool staff administer the medication prescribed above to my child during preschool hours. I understand that the person who will administer the medication may be inexperienced. I understand that preschool staff have been trained in accordance with Virginia State Licensing requirements regarding medication administration. I also agree to furnish said medication in the container supplied by the drug store or pharmacy with the label and/or prescription intact.

Signature of Parent or Guardian: _____ Date: _____