

Medical Authorization Form			
Please complete if your child requires medication while at camp. Medication must:			
<ul style="list-style-type: none"> <li>- Be in original container identifying the medication type, dosage, and child's name</li> <li>- Include only the amount needed for 1 day</li> </ul>			
Camper's Full Name:			
Medications Name:		Type/Reason of Med:	
Dosage Amount:		Dosage times:	AM/PM AM/PM
Taken with food/drink: YES NO		Taken on empty stomach: YES NO	
Storage instructions:			
Will medication restrict participation? YES NO		Details:	
Other instructions for staff:			
I, the parent/guardian of the child named above, give the Town of Esterhazy Recreation Department staff permission to administer or ensure the above medication is taken by my child as per the information and instructions outlined on this form.			
Parent/Guardian (print name): _____ Signatures: _____ Date: _____			

[illegible]