ArtsConnect Administration of Medication Form

This form is required for all medications administered during camp programming. Please fill out 1 form per medication. All medication should be in its original packaging. Place all medicine(s) together in one plastic ziplock bag labeled with the child's name. Prescription medication requires a physician's signature on this form for authorization.

Camper Information

- **Camper's Full Name: _____**
- **Date of Birth: _____**

Medication Information

- **Medication Name: _____**
- **Dosage (exact amount and unit): _____**
- **Method of Administration (oral, inhaler, topical, etc.): _____**
- **Frequency or Time of day to be administered: _____**
- **Special Directions (ex. With food) _____**

Authorization signature (Physician for prescription. Parent for over the counter)

_____ Date _____

FOR CAMP USE: Medication Administration Record

DATE	TIME	STAFF	SIGNATURE