



AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

As stated in the Rainbow Camp Policies & Procedures, only authorized Senior Staff (Camp Director or Program Coordinator) or Private Contract Workers will administer - physician authorized prescription medication and non-prescription medication - with Parental/Guardian authorization (i.e. Tylenol, antihistamines, cough syrup, throat lozenges, etc.). ALL medication must be stored in the camp office and in the original container with the camper's name on it.

I hereby authorize the administration of:

(Medication) _____

to (camper name) _____ by

(check one) Senior Staff of Rainbow Day Camp OR Private Contract Worker

using the following instructions (include dates, time of administration, special instructions – i.e. 'taken with food'):

Side effects: stop medication if the following reaction(s) is (are) observed _____

Storage instructions for medication: refrigeration ___ other: _____

Prescribing Physician: _____

Telephone: _____

Parent/Guardian Signature _____ Date _____

OFFICE USE:

CAMPER: _____ SESSION: _____

COUNSELLOR/PP WORKER: _____