



**Capital Kids Summer Camp 2023 Medication Administration Form
(Authorization to Give Medication)**

Childs Information

Name of Program: _____ Todays Date: _____

Name of Child (First and Last): _____ Date of Birth: _____

Name of Medication: _____

Reason Medication is needed during program hours:

Dose: _____ Route: _____

Time of administration of the medicine: _____

Does the medicine need to be refrigerated? Circle one: YES NO

Additional instructions: _____

Date to start medicine ___/___/___ Stop date ___/___/___

Known side effects of medicine: _____

Plan of management of side effects: _____

Child allergies: _____

Permission to Give Medicine

I hereby give permission for the camp program to administer medicine as prescribed above: **I have administered at least one dose of medicine to my child without adverse effects.**

Parent or Guardian Name (Print): _____

Parent or Guardian Signature: _____

Home Phone: _____ Cell: _____ Work: _____

- **Please note that medication cannot be administered until the above information is filled out**