

Authorization to Administer Medication

Nature Detectives Day Camp		Rum Village Nature Center		Camp Dates	
Child's Name (First and Last)			Birthdate		Age
Medication Information: Medication must be in its original container and clearly labeled with child's name. The label should include dosage and directions for administration.					
Medication Name	Dosage	Time of Day to be Administered	Dosage Directions	Additional Instructions	
Prescribing Physician Name		Physician Phone Number		Medication Name/Reason Medicine is Needed	
Authorization:					
I hereby authorize administration of the medication listed above to my child by the staff of Nature Detectives Day Camp.					
Parent/Guardian Signature				Date	
Printed Name				Phone Number	