

# Authorization to Administer Medication Permission Form

For Prescribed Medication and Over-the-Counter Medication

TO BE COMPLETED BY THE PARENT/GUARDIAN

I give permission for my child to be given the following medication by BBAC staff during camp hours.

\_\_\_\_\_  
Parent/Legal Guardian (print)

\_\_\_\_\_  
Signature/date

Child's Name \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time of administration \_\_\_\_\_

Reason for medication \_\_\_\_\_

Possible side effects \_\_\_\_\_

Special instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This form should be turned in 2 weeks prior to the first day of camp with all additional camp forms.  
Bring medications to check-in on the first day of camp.

For BBAC Office Use:

Camper Group #

Camper Schedule/Times