

Authorization to Administer Medication

For Prescription and Non-Prescription 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 must be turned in at least one week prior to the first day of camp with all additional camp forms. All medications must be brought to the BBAC office before the first day of camp. To make arrangements for drop-off, email – Camp@BBArtCenter.org

For BBAC Office Use: Camper Group # Camper Schedule/Times
