

Authorization to Administer Medication Permission Form

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 two weeks prior to the first day of camp with all additional camp forms.
Bring medications to check-in on the first day.00000000

For BBAC Office Use:

Camper Group #

Camper Schedule/Times