



Kitsap Forest Adventure Camp

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Medication Authorization Form

Please bring this form (if necessary) to first day
of camp (we do not need ahead of time)

SELF ADMINISTERED MEDICATION – for non-controlled PRN prescription medications (such as epipens and inhalers)

My child has permission to carry and self administer the medication listed below:

Name of Medication: _____ Dose: _____

When Medication Should Be Taken: _____

What Happens If Medication Is NOT Taken: _____

OVER THE COUNTER MEDICATION PERMISSION – for all non-prescription medications, including topical ointments, sunscreen and hand sanitizer

I give permission for camp staff to distribute the following over the counter medication to my child:

Name of Medication: _____ Dose: _____

When Medication Should Be Taken: _____

Name of Medication: _____ Dose: _____

When Medication Should Be Taken: _____

Name of Medication: _____ Dose: _____

When Medication Should Be Taken: _____

Name of Medication: _____ Dose: _____

When Medication Should Be Taken: _____

Note: All medications, including OTC Medications must be in their original bottle, labeled with the camper's first and last name, and must be current (not expired). Camp personnel will distribute parent-indicated dosage or recommend dosage on label, whichever is less.

Parent Signature: _____ Date: _____



Camper Name: _____ Week 1 Week 2