

MEDICATION AUTHORIZATION FORM



Child's full name _____ Tribe/Community Group number _____

Date	Medication	Dosage amount	Dosage time	Administered by

- Parents should administer any medication prior to or immediately after Adventure Week each day if at all possible, rather than sending medications with the child.
- Medication authorization forms must be filled out in order to administer the following: anti-itch creams, antibacterial creams, EpiPens, and emergency allergy medications. We will keep these forms on file during Adventure Week.
- The nurse will notify the parent of any adverse reaction to any medication given.
- All medications must be picked up **no later than Noon** on the last day of Adventure Week.

Parent/Guardian Signature _____ Parent Phone _____ Date _____