



AUTHORIZATION FOR MEDICATION

Please print and submit this form only for campers who require medication during camp hours. Please do not submit prior to the first day of camp.

I grant permission to **Rollins College Summer Camp** to assist _____,
(Camper's Name)

R#: _____ in taking the prescribed medication listed below:

Name of prescription medication _____
Directions for administering _____
Amount to be given _____
Time(s) to be given _____
Date to begin/end _____

Briefly explain the necessity for the prescribed medication to be provided:

It is hereby understood by the undersigned that Rollins College personnel are not held liable for the administration of the above medication or for its possible side effects.

Medication is to be sent in its original pharmacy container. Duplicate containers can usually be obtained from the pharmacist if needed. For safety and security reasons, it is recommended that medication be brought to camp by the parent/guardian the first day of camp, along with this authorization form. Please do not send medication to camp with the child.

Parent Signature

Date

Parent's Name: _____

Daytime Phone Number: _____

Cell Phone Number: _____