



# CHRIST CHURCH camps

## Medication Authorization Form TO BE KEPT ON FILE IN THE CAMP OFFICE

I certify that, in my opinion, it is medically necessary that the medication described below be administered to \_\_\_\_\_ during camp hours and that this medication may be administered by Christ Church Camps staff.

**Prescription:**

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be administered: \_\_\_\_\_

Duration: \_\_\_\_\_

Date of Prescription: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Required for medications lasting longer than 10 days and emergency medications)*

I \_\_\_\_\_, the parent of guardian of \_\_\_\_\_, request that Christ Church Camps staff administer the medication prescribed above to my child during camp hours. I understand that the person who will administer the medication may be inexperienced. I understand that Greentree Christian School staff have been trained in accordance with Virginia State Licensing requirements regarding medication administration. I also agree to furnish said medication in the container supplied by the drug store or pharmacy with the label and/or prescription intact.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_