

# Medication Authorization Form

Please fill out this form and include with prescription medication turned in at Rx check in..



Student Name: \_\_\_\_\_

Rx + dosage + frequency + notes

Ex: Ibuprofen. 200mg. 2x/daily: breakfast & bed time\*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_ Check here if camper is required to keep rescue inhaler or epi-pen with them at all times.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*prescription medication only - original pharmacy bottle with students name - only enough dosage for the weekend**