

# Medication Authorization Form

**\*\* Required for all medications (prescription and non-prescription) \*\***

## ONE MEDICATION PER FORM

**Full Name of Child:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**KORE Summer Camp Site:** \_\_\_\_\_

Name and strength of medication: _____	Emergency Medication	Yes	No
Dosage of Medication: _____			
Date medication begins: _____	Date medication ends: _____	Route of administration: _____	
Time of day medication is to be given: _____ If as needed, for what symptoms? _____			
Side effects: _____			
Physician's Printed Name/Title _____			
Physician's Address: _____		Phone: _____	
_____		_____	
<b>Physician Signature</b>		<b>Date</b>	

Prescription or Doctor's Note can be submitted, if all information above is included

See Forms/Documentation Overview for more information

