

**Chestermere Regional Community Association - Summer Day Camp 2010**  
**Medication Authorization Release Form**

In order for staff to administer medication, the parent/guardian must fill out this form. Under no circumstances will a staff person administer medication without this form first being completed. Please remember to send all medication in its original container. The child's name must be on the medication container. All children who require an epi-pen must carry their epi-pen in a fanny pack that must be worn by the child at all times.

Name of Child: _____
Name of Medication: _____
Doctor's Name: _____
Doctor's Phone Number: _____

Description of Medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication Instructions (be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Date Medication to be administered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_