

# Medication Dispense Authorization Form

Prescription medications must be in the original container with the pharmacist's label clearly marked with the prescription number, date, child's name and physician's name.

All non-prescription medications (over-the-counter) must be labeled clearly with the child's name.

Please give ALL medications to camp staff upon arrival to camp.

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**Child's Full Name:** \_\_\_\_\_

Authorization is effective from: \_\_\_\_\_ until \_\_\_\_\_

I authorize the administration of the medications listed below by day camp staff: \* include dosage\*

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*\*All remaining medication will be returned to parent/guardian at the end of each week. If medication is not picked up, the City of Onalaska & camp staff will dispose of medication in an environmentally safe manner.*

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

**Date Signed:** \_\_\_\_\_