

College of the Atlantic Summer Programs Medication Authorization Form

No medication shall be given by COA Staff without the signed permission of the parent or legal guardian and the completion of a Medication Authorization Form. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label. Non-prescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so. Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

Child's Name: _____

Medication: _____ Dosage: _____

Time(s): _____ Begin and End Date: _____

Reason of Medication: _____

Prior to COA accepting a prescription bottle, COA Staff and Parent must measure and record the contents provided within the bottle. Parents and COA Staff must sign off on the receiving dosage.

***A new form must be completed, EVERY TIME anytime a new medication or additional amounts a current medication are being provided to the camp.**

Date Received: _____

Medication: _____ Daily Dosage: _____

Measurement of the contents within the provided bottle: _____

This authorization form must be maintained and is only valid for the duration of prescription. I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

Parent/ Guardian Signature

COA Staff Signature

