



SUMNER/BONNEY LAKE RECREATION DEPARTMENT
 www.sumner.wednet.edu

2008 ACTION DAY CAMP
 AUTHORIZATION TO ADMINISTER MEDICATION
 (Complete form only if medication is taken during day camp hours)

Program Site _____

Child's Name _____

Parent's Name _____ Child's Birth Date _____

Health Problem(s) _____

Name of Medication _____ Dosage or amount per admin. _____

Time(s) of day to be given _____ How long to be continued _____

Possible side effects of medication _____

Special Instructions _____

I request and authorize that the above-named child be administered the medication named above in accordance with the instruction indicated, as there exists a valid health reason which makes the administration of the medication advisable during program hours or during the time that the child is under the supervision of the Sumner/Bonney Lake Recreation Staff.

Parent's Signature _____ Date _____

Physician's Name _____ Physician's Phone Number _____

***Note to parents: All medication must be in its original container and the label must include the child's name, name of medication, dosage, method of administration, and name of physician.**

Record of administration (to be completed by person who gives medication)

Date	Dosage	Initials	Date	Dosage	Initials	Date	Dosage	Date

Signature(s) that correspond to initials of person(s) giving medication: _____