

MEDICATION AUTHORIZATION FORM

TO BE COMPLETED BY PARENT/GUARDIAN

This form should be completed and given to the lead counsellor for the week

Name of Camper:

Date of Birth:

Address:

Parent/Guardian Name

Condition of patient for which medication is necessary	
Name of medication	
Dosage or amount take by camper each time	
What time is dosage taken	
Method of medication administered	
Possible side effects	
Storage or safe keeping for medication	
Expiration date	
Prescribing physician's name	
Office telephone number	

Signature of Parent/Guardian

Date

I hereby request and give permission to National Kids Camps/National Tennis School instructors, supervisors and volunteers to assist my child in administering his/her prescribed medicine according to the information completed above by the parent/guardian. I/We agree to release and indemnify National Kids Camps/National Tennis School members including camp instructors, supervisors and volunteers of any claims that may arise as a result of:

- 1) accidentally administering the medication to the camper if it is not actually required at that time.
- 2) failing to administer or assist the child in taking his/her medication at the proper time.
- 3) any negligence in administering the child's medication.

PLEASE ATTACH PHOTO OF YOUR CHILD TO THIS FORM