

MEDICATION ADMINISTRATION FORM

(**Must** accompany **ALL** medications - prescription and/or over-the-counter)

All medications must be accompanied by this authorization form and provided to camp staff at check-in.

- Place all medications in a large Ziploc bag with the camper's name written clearly on the outside of the bag.
- Prescriptions must be in the original container with the camper's name and the current dosage.
- No medication will be given unless they are in original containers per Texas Department of State Health Services.

Camper's Name: _____

Medication	Form (tablet, capsule, liquid, inhaler, etc.)	Dosage (amount to be given)	Frequency (how often)	Purpose	Comments or special instructions

If necessary, please make additional copies of this blank Medication Administration Form in order to provide requested information for each medication.

As the parent or legal guardian of the above-named child, I give my permission to the National Youth Theater staff to administer to my child, as prescribed by law, the above listed medications.

X _____