



## Aerospace Camp Experience Medication Authorization and Administration Form

Please list ALL medications (including over the counter or non-prescription drugs) to be taken while at camp. Keep medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. **Medication CANNOT be administered unless it is in the original container.** Please check the expiration date on any medication- especially inhalers. Expired medications cannot be administered.

Please provide the following information:

Child's name: \_\_\_\_\_ Guardian's name: \_\_\_\_\_

Comments or specific instructions: \_\_\_\_\_

Med.#1: \_\_\_\_\_ Dosage: \_\_\_\_\_

Specific times taken each day: \_\_\_\_\_ Length of time: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Med.#2: \_\_\_\_\_ Dosage: \_\_\_\_\_

Specific times taken each day: \_\_\_\_\_ Length of time: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Med.#3: \_\_\_\_\_ Dosage: \_\_\_\_\_

Specific times taken each day: \_\_\_\_\_ Length of time: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

I authorize the above medication to be given to my child by an Aerospace Camp Experience (ACE) staff member. Campers are not allowed to carry medication, unless "self administer" is clear on the label or if a physician signs this form. Exceptions may be given to children in camping programs who have medications for life-threatening conditions with prior approval of the ACE Coordinator or Director of Education Programs. A parent or legal guardian must drop off medications with a staff member.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

IF MEDICATION DOSAGE IS DIFFERENT THAN THAT ON THE PACKAGE, A PHYSICIAN SIGNATURE IS REQUIRED.

Signature of N.P./M.D.: \_\_\_\_\_ Date: \_\_\_\_\_