



Authorization to Assist with Medication

Session #1

Session #2

Camper's Major: _____

Camper's Name: _____

REQUIRED MEDICATION

Medication Name	Dose Size	Dose Frequency
1.		
2.		
3.		
4.		
5.		

ADDITIONAL INFORMATION

The Sugarloaf Fine Arts Camp Nurse can administer over-the-counter medications (such as Ibuprofen, Acetaminophen, non-drowsy allergy medication) unless otherwise noted below:

I request that the Sugarloaf Fine Arts Camp Nurse assist my child by giving her/him the above-mentioned medication needed during camp.

Signature of Parent/Guardian

Date