

Authorization for
Nonprescription Topical Medications

Child's Information:

Child's name: _____

Address: _____

Date of birth: _____

Name of medication: _____

Start and end date of medication (if applicable): _____

Schedule and site of administration (as applicable): _____

May child self-administer? (circle) Yes No

Parent/Guardian's Information:

Parent/guardian name: _____

Address: _____

Telephone number: _____

Relationship to child: _____

Signature authorizing administration: _____

For Camp Use Only:

Signature of camp staff receiving permission form: _____

Printed name of camp staff: _____

Date: _____

Note: This form is to be used with a Medication Administration Record (MAR).