



Authorization for Administration of Medication

Use this form to add extra medications that were not on your Registration Form.

Student's Name _____ Date of Birth (MM/DD/YY): _____

Diagnosis: _____

Medication: _____ Dosage: _____

Frequency: _____ Time to be given: _____ Duration: _____

TO BE COMPLETED BY PARENT/GUARDIAN:

I give permission for Mathcamp staff to administer the above medication as directed by the licensed health care provider.

Name of Parent/Guardian

Signature of Parent/Guardian

Date