

# RESTON COMMUNITY CENTER Medication Authorization Form

**Notice: This form must be completed for prescription and non-prescription medications. Medication, including over the counter medication, will be given to a child only with a parent's or guardian's completed written consent.**

**PLEASE PRINT**

Parent's Name	First		Last	
Child's Name	First		Last	
Home Address				
City			State	
			Zip	
Phone	Home			Cell

**RCC Staff members have my permission to administer the following drugs and medications** (must be in their original containers):

**Medication and/or Prescription Number:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_

**Has the child taken this medication before?** If not, the first full dose must be administered at home to ensure that the camper does not have a negative reaction. **First dose given: Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Times to be given:** (State the exact time increments on the container.) \_\_\_\_\_

**This authorization is effective from:** \_\_\_\_\_ **To:** \_\_\_\_\_  
(Must not exceed 10 days unless otherwise prescribed by child's physician)

**Special Instructions:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

RCC USE ONLY			
DATE	TIME	MEDICINE/DOSE	STAFF