

MoLab, Inc. 's Camp Spark – Igniting Knowledge!
Authorization to Administer Medication Form

I hereby certify that it is necessary for _____
_____ (Camper's First and Last Name)
_____ to be given the medication listed below during camp hours.
(Camp Session Dates)

Without this medication, he/she will not be able to attend camp.

PLEASE NOTE THAT ONLY ORAL MEDICATIONS CAN BE ADMINISTERED BY CAMP STAFF

Name of Medication: _____

Dosage to be given: _____

Form of Medication (liquid, tablet, etc.): _____

Time of Administration: _____

Beginning Date: _____ **Ending Date:** _____

Side Effects: _____

Special Instructions: _____

Emergency Telephone Numbers:

Parent/Guardian: _____ Work #: _____ - _____ Home #: _____ - _____

Parent/Guardian: _____ Work #: _____ - _____ Home #: _____ - _____

Physician's Name: _____ Phone #: _____ - _____

It is understood by the undersigned that there shall be no liability for civil damages as a result of the administration of such medication where the person administering such medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances.

(Parent/ Guardian Signature)

(Date)

Parents are requested to pick up any leftover medication by the last camp session date. Medicine left after this time will be discarded.

Mail to: MoLab, Inc. Camp Spark – Igniting Knowledge!
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