Fun Bot Lab Medication Authorization Form

Please complete a SEPARATE Medication Authorization Form for EACH Prescription or Nond Prescription Medication that your camper will be taking while at Fun Bot Lab. Please make sure that all Prescription Medication provided to Fun Bot Lab has the Prescription label on the packaging, and that all forms match the Prescription or Non-Prescription label exactly.

INSTRUCTIONS:

- Section A must be completed by the parent/guardian for ALL medication authorizations.
- Section A and Section B must be completed for any long-term medication authorizations (those lasting longer than 10 working days).

Section A: To be completed by parent/guardian

Medication authorization for (Camper name):
Fun Bot Lab has my permission to administer the following medication:
Medication Name:
Dosage and times to be administered:
Special instructions (if any):
Authorization is effective from: to:
If you do not have a doctor's signature below, please write the dates of no more than two weeks on this form:
Session A: 6/26/2017 to 7/7/2017 Session B: 7/10/2017 to 7/21/2017 Session C: 7/24/2017 to 8/4/2017 Session D: 8/7/2017 to 8/11/2017
Signature of Parent / Guardian: V
Signature of Parent / Guardian: X Date:
Section B: to be completed by camper's physician
I, (Physician name) certify that it is medically necessary for the
medication listed below to be administered to: (Camper name)
for a duration that exceeds 10 work days.
Medication Name:
Dosage and times to be administered:
Special instructions (if any):
Authorization is effective from: to:
In 2018, Fun Bot Lab Camp runs from: 6/25/2018 to 8/10/2018
Signature of Physician: Y
Signature of Physician: X Date: Date:
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