MEDICATION AUTHORIZATION FORM
CAU Summer Youth Program

1. A “medication” is ANY substance taken to maintain and/or improve health. This includes
   over-the-counter drugs, prescription drugs, vitamins and natural remedies.

2. NYS law requires a physician’s signature for any medication to be dispensed by our staff. NO medications
   of any sort will be dispensed to your child without your doctor’s signature of approval on this form.

3. Please review in entirety this form and complete as necessary to allow or disallow medication
dispensation to your child.

OVER-THE-COUNTER MEDICATIONS PROVIDED BY CAU

The following over-the-counter medications are available at CAU and dispensed by camp staff with
assessment and if deemed necessary, given as prescribed by the manufacturer’s recommended
dosage. Check one option below

   _ FOR THIS CAMPER ALL MEDICATIONS LISTED MAY BE GIVEN.
   _ THOSE CROSSED OFF MAY NOT BE GIVEN

   BURN SPRAY • HYDROCORTISONE 1% • SUNSCREEN
   • TYLENOL • IBUPROFEN • CALAMINE LOTION

PRESCRIPTION & OTHER MEDICATIONS AS DEFINED ABOVE

All prescription and other medications must be brought to camp in the original container with the label at-
tached. The AUTHORIZATION SCHEDULE herein must be completed for each medication by the child’s
physician. Physician must give contact information and authorize dispensation with his/her signature.
Check one option below.

   _ THIS CAMPER WILL NOT TAKE ANY DAILY MEDICATIONS WHILE ATTENDING CAMP.
   _ THIS CAMPER WILL take the following daily prescription medications while attending camp.
   _ AND/OR This camper WILL take other non-prescription medications not provided
     by camp as listed below.

<table>
<thead>
<tr>
<th>DIAGNOSIS</th>
<th>MEDICATION</th>
<th>DOSAGE</th>
<th>FREQUENCY</th>
<th>INSTRUCTIONS</th>
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REQUIRED SIGNATURES & CONTACT INFORMATION

Authorizing Physician’s
Name & Signature:

Parent/Guardian Name
& Signature:

Day Phone:

Day Phone:

REFUSAL: NO OTC OR PRESCRIPTION DRUGS ADMINISTERED. PHYSICIAN SIGNATURE NOT REQUIRED.
CHECK HERE & INITIAL TO REFUSE: []