

MEDICATION AUTHORIZATION FORM
For Prescription Medications
Summer@Potomac

If your child requires prescription medication during the camp day, please complete the Medication Authorization Form and give it to the camp nurse along with the **medication in the original packaging labeled with the camper's name and the prescriber's instructions**. Medication may be delivered to the camp nurse during the week prior to your child's attendance at camp. Do not have your child bring medication to camp.

To be completed by parent/guardian

Medication authorization for: _____
(Child's name)

Summer@Potomac has my permission to administer the following medication:

Medication name: _____

Dosage and times to be administered: _____

Special instructions (if any): _____

Parent's or Guardian's Signature: _____ Date: _____

If you have any questions regarding medication at camp, please contact our Camp Nurse at 703-749-6319.



The Potomac School Summer Programs

1301 Potomac School Rd
McLean, Virginia 22101
703-749-6317