MEDICATION AUTHORIZATION & LOG

Camper's Name:		
Name of Medication:		
Dosage:	Time:	
Starting Date:	Ending Date:	

I hereby request that the Shalom Austin JCamps Staff administer the above medication to my child. I understand that all medications must be in their original container, labeled with the child's name and must include directions for administering the medication. Prescribed medication must also include the date and name of physician. By signing below, I release Shalom Austin and its staff from all liability for reactions which my child may suffer from this medication.

Possible reactions of which staff should be aware might include:

Parent Signature

Date

Date	Medication/Amount	Time	Staff Signature