Peddie School Summer Programs
Prescription Medication Authorization Form

Child's Name - _____

Emergency Contact Phone Number - _____

Medical Condition - _____

Type of Medication - _____

_____

Action Plan

Dosage - _____

_____

Times to be administered - _____

_____

I authorize the medical staff, health director, and/or athletic trainer at the Peddie School to administer the above prescription medication to my child while attending the Summer Programs.

Parent or Guardian Signature _____ Date _____

_____STAFF USE ONLY_____

Date	Time	Camper Signature	Staff Signature