

PHYSICIAN MEDICATION AUTHORIZATION FORM

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: _____ (Child's name)

AFTER SCHOOL KARATE ACADEMY SUMMER CAMP Has my permission to administer the following medication:

Medication name: _____

Dosage and times to be administered:

Special instructions (if any):

This authorization is effective from: _____ until: _____

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



Section B: to be completed by child's physician

I, _____ certify that it is medically necessary for the medication(s) listed below to be administered to: _____ for a duration that exceeds 10 work days. (Child's name) Medication(s):

Dosage and Times to be administered:

Special instructions (if any):

This authorization is effective from: _____ until: _____

Physician's Signature: _____ Date: _____

Physicians Phone: _____