City of Palm Bay
Authorization for Dispensing Medication

The parent or legal guardian that registered the child for camp must complete and sign this form. **Please print clearly and legibly.**

I hereby authorize a representative of the City of Palm Bay to dispense the following medications to:

Child's Name _____

Name of Medication	Strength of medication	Form of medication (pill, liquid etc.)	Dosage - Instructions	Time(s) of the day to be given	Dates to be given	
					From	To

I understand that one day supply of medicine must be provided in the original prescription bottle as labeled and received from the pharmacy.

Signed _____ Date _____
Parent of Guardian

For Official Use Only

Record of medication given to _____
Child's name

Name of medication	Amount given (refer to dosage instructions)	Date given	Time given	Signature of staff dispensing medication	Checked by supervisor (initial)