



Serendipity Kids Ranch, Inc.

P.O. Box 86 📧 Lynn, NC 28750 🏠 74 Rosewood Lane Columbus, NC 28722
 828-894-3370 📞 828-817-1544 📧 serendipitykids@gmail.com

CAMPER MEDICATION DISBURSEMENT AUTHORIZATION FORM

One form for each medication camper will be administered during camp time, including both prescription and non-prescription medications.

Section I: Physician's Instructions for Prescription Medication or Required Modified Diet

(Name of child) _____ is under my care and should receive:

(name of medicine or modified diet) _____

(dosage) _____, as follows:

Specific instructions for administration: _____

Possible side effects to watch for: _____

Expiration date (may not exceed six months from date of this request if prescribing medication or food supplement): ____/____/____

Name of Prescribing Physician

Section I does not need to be completed for non-prescription items: Fever-reducing medicines that do not contain aspirin; cough or cold medications that do not contain codeine; and topical ointments, creams or lotions.

Section II: Parent/Guardian Request for Administration of Non-Prescription Medication, Vitamin, Food Supplement, or Modified Diet

I hereby request and give permission to administer the following medication, vitamin, or special diet to my child:

Name of Child	Name of Medication	Dosage	Time(s) to be given

Signature of Parent/Guardian	Date of Signature
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