

2024 Camper Medication Authorization Form

Please print this form and return it to the Harris Center notarized.

Please list all medications that need to be dispensed during camp hours. If no medications are to be dispensed, please write "None." **All forms must be notarized even if no medications are being dispensed.** Also please note: If your Camper has an active DNRIDM or POLST form, attachment to this application is **MANDATORY.**

Name of Medication	Dosage	Method	Time to be Administered during Camp

Camper's Name: _____ Date of Birth: _____ Age: _____

****All medications can only be administered with a completed authorization form with a notarized signature. ****

I hereby authorize the City of Auburn, Alabama (City of Auburn) to administer the above indicated medications prescribed by a licensed physician as specified. Also, I will immediately notify the City of Auburn, Alabama of any changes in medication/dosage.

Parent/Guardian Signature: _____ Date: _____

Notary Information:

STATE OF _____ COUNTY OF _____

I, the undersigned authority, a Notary Public in and for said State at Large, hereby certify that _____, whose name is signed to the conveyance, and who is known to me, acknowledged before me on this day that, being informed of the contents of this conveyance, he/she/they executed the same voluntarily.

Given under my hand and the seal of office this the _____ day of _____, _____.

Notary Public
My Commission Expires: _____