**2025 Camper Medication Authorization Form**

***Please print this form and return it to 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 summer camp** |
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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**