Washington Sailing Marina Summer Sailing Camps
Vashaw Ent Inc.

AUTHORIZATION FOR MEDICATION

An Authorization for Medication must be filled out completely and accurately for each medication prescribed by your physician or the medication will not be administered to your child.

Reminder: medications will not be administered without written instructions.

I hereby authorize the summer sailing camp at the Washington Sailing Marina/ Vashaw Ent. Inc to administer the following medication to my child, _____
Name of child

Prescription: Medication _____
Dosage _____
Given at _____ for _____days

Non-Prescription: Medication _____
Dosage _____
Given at _____for _____days

Parents name _____date _____
Parent Signature _____date _____

Doctor's name _____date _____
Doctor's Signature _____date_____

Date	Dosage	Time	Medication	Signature of staff	Witness Initials