



# 2008 WEEKEND ADVENTURE MEDICATION AUTHORIZATION

Use a SEPARATE FORM for EACH medication.

You may make copies of this form or print them from  
[www.campuskids.com/njmedform.htm](http://www.campuskids.com/njmedform.htm)

**Required for all medications sent to camp**  
— prescription & over-the-counter.  
*(See page four of the camp's health history form for  
over-the-counter medications that are stocked at the camp health center.)*

Date: \_\_\_\_\_

Camper Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

I authorize the health staff of Campus Kids-New Jersey (CK Summer Camps, Inc.) to supervise the administration of the following medication that I am sending to Campus Kids-NJ for the above-named camper who is attending one or more Weekend Adventure trips.

All medications must be in their original containers.

**BEFORE June 3**  
**return this form to:**

Campus Kids-NJ  
PO Box 8  
Madison, NJ 07940

Phone: 973-845-9260  
Fax: 973-845-9262

**AFTER June 3**  
**return this form to:**

Campus Kids-NJ  
PO Box 743  
Hackettstown, NJ 07840

Phone: 908-850-5872  
Fax: 908-850-5726

**ALL MEDICATIONS MUST BE IN THEIR  
ORIGINAL CONTAINERS!**

Name of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Purpose: \_\_\_\_\_

Instructions for Use: \_\_\_\_\_

- **INITIAL BELOW** each time this medication should be given.
- If dosage is “as needed”, note that in instructions above.
- If medication must be given at other times, write those times in at the bottom of the table (“other times for doses”).

<u>Use Initials!</u>	Fri.	Sat.	Sun.	Mon.
Breakfast 8:10-8:40 AM	IN CAMP	_____	_____	_____
Lunch 12:20-12:50 PM	IN CAMP	_____	_____	IN CAMP
Snack 3:50-4:10 PM	_____	_____	_____	IN CAMP
Supper 6:00-6:30 PM	_____	_____	_____	IN CAMP
Eve. Snack 9:00-10:00 PM	_____	_____	_____	IN CAMP
Other times for doses	_____	_____	_____	_____

Other notes about this medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_