

## PINEBROOK FARMS PRESCRIPTION MEDICATION AUTHORIZATION

CHILD'S NAME:	AGE:	WEEK OF:
	CABIN:	
ALLERGIES:		
Medication / Dosage	Times / Special Considerations	Reason
	as prescribed, only physician authorized medi nplete with pharmacy label and valid date.	cations. All medication must be in its
	n use of non-prescription drug	ie.
	s are required for treatment of such things as:	<b>.</b>
Poison Ivy	Bee or wasp stings	Diarrhea
Scratches Minor cuts	Ant bites Headache	Upset Stomach Etc.
Pinebrook Farms will administer, as need	led, such "over-the-counter" medications as Tylen	nol, non-alcohol based, non-aspirin cough
	n AD. If you child has allergic reactions to these you feel we should be aware of, please list them in	7.2
special of specific medical information y	ou leer we should be aware or, please list them in	if the space provided below.
I verify that the information contained within th	is document is true and correct. I have read and approve	ve of the non-prescription drug policy stated above.
Parents Signature:		Date: