

Authorization for the Administration of Medication

Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with the child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child _____

Date of Birth ___/___/___ Today's Date ___/___/___

Medication Name _____

Controlled Drug Yes No

Dosage _____ Method _____

Time of Administration _____

Specific Instructions for Medication Administration

Medication Administration: Start Date ___/___/___

Stop Date: ___/___/___

Is This Medication to be self-administered by the child? Yes No

Relevant Side Effects of Medication

Plan of Management for Side Effects

Known Food or Drug Allergies? Yes No Reactions To? Yes No
Interactions To? Yes No

If "yes" to any of the Above, Please Explain:

Prescriber's Name

Phone Number

(____) _____

Prescriber's Address

Prescriber's Signature

Parent/Guardian Authorization:

I Request that medication be administered to my child as described and directed above

I request that medication be self-administered to my child as described and directed above

Name of Camp _____ Today's Date ____ / ____ / ____

Child's Name

Address

Name of Parent/Guardian Authorizing Administration of Medication

Relationship to Child: Mother Father Guardian/ Other (explain)

Name of Camp Personnel Receiving Written Authorization and Medication

Title/Position _____ Signature (in ink) _____