

# 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:

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Prescriber's Name

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Phone Number

(     )    

Prescriber's Address

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Prescriber's Signature

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**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

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Address

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Name of Parent/Guardian Authorizing Administration of Medication

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

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Name of Camp Personnel Receiving Written Authorization and Medication

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Title/Position \_\_\_\_\_ Signature (in ink) \_\_\_\_\_