

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 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.

Prescriber's Order:

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 with? YES NO

If "yes" to any of the above, please explain

Prescriber's Name _____ Phone Number (____) _____

Prescriber's Address _____

Parent/Guardian Authorization:

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

Name of Parent/Guardian Authorizing Administration of Medication as described and directed above:

First Name _____ Last Name _____

Relationship to Child: Mother Father Guardian/Other explain: _____

Address _____ Phone Number (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication _____

Camp Personnel:

Name of Camp Personnel Receiving Written Authorization and Medication _____

Signature of Camp Personnel Receiving Written Authorization and Medication _____