



MEDICATION ADMINISTRATION AUTHORIZATION FORM

This form must be completed fully for camp to administer the required prescribed medication. A new medication administration form must be completed at the beginning of each summer camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.

- * Prescription medication must be in a container labeled by the pharmacist or physician.
- * Non-prescription medication must be in the original container with the label intact and be part of the administration plan from the physician.
- * An adult must bring the medication to the camp; the camper(s) cannot bring the medication into camp, or carry the medication in their backpack without the knowledge of the Director.

Prescriber's Authorization

Campers Name: _____ Date of Birth: _____ Grade: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ If PRN, frequency: _____

If PRN, for what symptoms: _____

Relevant side effects: None expected Specify: _____

Prescriber's Name/Title: _____

Telephone: _____ (Type or print) FAX: _____

Address: _____

Physician's Signature: _____ Date: _____
(Original signature or signature stamp ONLY)



(Use for Prescriber's Address Stamp)

PARENT/GUARDIAN AUTHORIZATION

I/We request designated Camp personnel to administer the medication as prescribed by the above Physician. I/We certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at the summer camp. I/We understand that at the end of the summer camp season, an adult must pick up the medication, otherwise it will be discarded.

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self-carry/self-administration of **emergency** medication may be authorized by the prescriber and must be approved by the Director.

Prescriber's authorization for self-carry/self-administration of emergency medication: _____
Signature Date

Order reviewed by the Director: _____
Signature Date