MEDICATION ADMINISTRATION AUTHORIZATION FORM

A new medication form must be completed at the beginning of each camp season, for each medication, and each time there is any change in dosage or time of administration of the medication. Sections I, II, and IV must be filled out for all medications.

PRESCRIPTION MEDICATION	**NON-PRESCRIPTION MEDICATION**	**ADDITIONAL INFORMATION**
Must be in a container labeled by the pharmacist/prescriber.	*(includes vitamins, homeopathic, and herbal medications)* Must be in the original container with the instructions for use.	*An adult must bring the medication to the camp and give the medication to an adult staff member. *A maximum of a 14-day supply of medication is required.

I. CAMP INFORMATION

Camp Name: Facility:

Address: City: State: Zip:

II. AUTHORIZATION FOR PRESCRIPTION/NON-PRESCRIPTION MEDICATION

NOTE: Prescription medications require a prescriber signature. Non-prescription medications do not require prescriber signature.

1. Child's Name:

2. Date of Birth: _____ / _____ / _____ (Month / Day / Year)

3. Medication Name:

4. Condition for which the medication is being administered:

5. Is this emergency medication?
☐ YES (If "YES", see Section III, below.)
☐ NO

6. Dose:

7. Route:

8. Time/Frequency of Administration:

9. If PRN, for what symptoms should the medication be administered:

10. Known side effects, specific to child:

11. MEDICATION SHALL BE ADMINISTERED DURING THE YEAR IN WHICH THIS FORM IS DATED BY AUTHORIZED PRESCRIBER (box 13b), UNLESS OTHERWISE AUHORIZED:

FROM: ____ / ____ / _____ (Month Day Year) TO: ____ / ____ / _____ (Month Day Year)

12. PRESCRIBER'S NAME/TITLE:

TELEPHONE#: FAX#:

ADDRESS:

CITY: STATE: ZIP:

THIS SPACE MAY BE USED FOR PRESCRIBER'S STAMP

13a. **PRESCRIBER'S SIGNATURE, ONLY:** (Parent/guardian cannot sign here)
(REQUIRED FOR ALL *PRESCRIPTION* MEDICATION AUTHORIZATION)

13b. DATE:

III. AUTHORIZATION FOR SELF-ADMINISTRATION/SELF-CARRY, ONLY (fill out for EMERGENCY MEDICATION, only)

NOTE: This section should only be completed for emergency medications approved for self-administrations by a prescriber. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self administration or self carry.

I consent that the child named above can self-administer the medication listed. I authorize self-administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. If indicated below, the child named above may self carry emergency medication.

14a. **PRESCRIBER'S SIGNATURE:** (authorizing self-administration)

14b. SELF-CARRY EMERGENCY MEDICATION? (check one)
___ YES ___ NO ___ N/A (Not an emergency medication)

14c. DATE:

15a. PARENT/GUARDIAN SIGNATURE: (authorizing self-administration)

15b. SELF-CARRY EMERGENCY MEDICATION? (check one)
☐ YES ☐ NO ☐ N/A (Not an emergency medication)

15c. DATE:

IV. PARENT/GUARDIAN AUTHORIZATION (MANDATORY FOR ALL PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS)

I request the authorized youth camp operator/staff to supervise the camper in self-administration if authorized as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA. NOTE: Any medication not retrieved by the parent/guardian/camper within ONE WEEK of the camper leaving camp will be destroyed.

16a. PARENT/GUARDIAN SIGNATURE:

16b. Date:

16c. HOME PHONE#:

16d. MOBILE PHONE#:

16e. WORK PHONE#: