

Authorization for Self-Administration of Prescription Medication

This form must be completed fully in order for the participant identified above ("Participant") to self-administer prescription medication during the camp identified above ("Camp"). The following form must be completed for each medication to be administered. Self-administration of medication requires the written authorizations (below) of a licensed health care professional and Participant's parent or legal guardian.

All prescription medications, including medications for conditions such as food, drug, or insect allergies; diabetes; asthma; or epilepsy may be brought to the Camp under the condition that Participant can self-manage care and delivery of medication. Prescription medication must be in its original container labeled with the minor's name, medication name, dosage, and time/frequency of administration.

If your child will need to take a prescription medication during the Camp please print the following document "Authorization from Prescriber for Self-Administration of Prescription Medication," for each medication, and bring it Day 1 to Camp Registration.

AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Camp Information

Camp Name: _____
Date(s): _____
Location(s): _____

Participant Information

Participant Name: _____
Address: _____
City, State, Zip Code: _____
Date of Birth: _____
Gender: _____

This form must be completed fully in order for the participant identified above ("Participant") to self-administer prescription medication during the camp identified above ("Camp"). A separate form must be completed for each medication to be administered. Self-administration of medication requires the written authorizations (below) of a licensed health care professional and Participant's parent or legal guardian.

_____ No, my child does not need to take any prescription medication during the Camp.

_____ Yes, my child will need to take a prescription medication during the Camp.

All prescription medications, including medications for conditions such as food, drug, or insect allergies; diabetes; asthma; or epilepsy may be brought to the Camp under the condition that Participant can self-manage care and delivery of medication. Prescription medication must be in its original container labeled with the minor's name, medication name, dosage, and time/frequency of administration.

AUTHORIZATION FROM PRESCRIBER FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Medication name(s): _____
Dosages: _____
Condition(s) for which medication is being administered: _____
Specific directions (e.g., on empty stomach, with water): _____
Time/frequency of administration: _____
If PRN, frequency: _____
If PRN, for what symptom(s): _____
Relevant side effect(s): _____
Medication shall be administered from _____ to _____
Special storage requirements: _____
Is Participant capable of self-managed care: _____

I hereby affirm that Participant has been instructed in the proper self-administration of the above-described medication.

Prescriber's name: _____
Prescriber's signature: _____
Date: _____