



Medication Administration Authorization Form

***This form must be completed fully in order for Camp Trusted Parents to administer the required medication. A medication administration authorization form must be completed for each medication at the beginning of each summer season and each time there is a change in dosage or time administration of medication. ***

- ❖ Prescription medication must be in a container labeled by the pharmacist or prescriber
- ❖ Non-prescription medication including vitamins, homeopathic, and herbal medication must be in the original container with the label intact
- ❖ An adult must bring the medication to camp
- ❖ The camp's director may call the prescriber, as allowed by HIPAA, if a question arises about the camper and/or the camper's medication.

Prescriber's Authorization

1. Name of Camper: _____ 2. Camper's Date of Birth: ___/___/___
3. Medication Name: _____ 4. **Is this an Emergency Medication?** Yes No If yes, see # 13 below
5. Condition for which the medication is being administered: _____
6. Dose: _____ 7. Route: _____
8. Time/Frequency of administration: _____
 - 8a. If PRN, frequency: _____
 - 8b. If PRN, for which symptoms: _____
9. Relevant Side Effects: None expected Specify: _____
10. This medication shall be administered during the summer of 2014 while this camper is attending Camp Trusted Parents unless more restrictive dates are specified here ___/___/___ to ___/___/___

11. Prescriber's Name/ Title: _____ Telephone: _____ Fax: _____ Address: _____ Date: _____
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12. Prescriber's Signature:

Parents CANNOT sign here →

(Use for Prescriber's Address Stamp)

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

Self-carry and self-administration of emergency medication such as inhalers, insulin, and EpiPen® must be authorized by the prescriber and the parent/guardian and may be approved by the camp director. I consent that the child named above is able to self-carry and self-administer the medication listed. I authorize self-carry and self-administration of the above medication for the child named above under the supervision of an authorized staff member.

13a. _____	Date _____	13b. _____	Date _____
Prescriber's Signature	Date	Parent/Guardian Signature	Date

Parent/Guardian Authorization

I/We request designated camp personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the camper named above, including the administration of medication at the facility. I/We understand that at the end of each camp session, an adult must pick up the medication, otherwise it will be discarded. I/We authorize the camp personnel to communicate with the health care providers as allowed by HIPAA.

14. Parent/Guardian Signature: _____ Date: _____

