

Authorization For Medication Administration

All 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.

The pharmacy directions on containers must match the prescriber's directions as seen below. This form must accompany medications and be signed by both parent and ordering physician.

All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

Authorized Prescriber's Order

(Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Camper's Name _____ Date of Birth ____/____/____

Medication Name _____ Date _____

Dosage _____ Method _____

Time and Specific Instructions for Medication Administration _____

Administration at camp: Start Date ____/____/____ Stop Date ____/____/____

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Prescriber's Name _____

Phone Number (____) _____

Prescriber's Address _____

Prescriber's Signature _____

Parent/Guardian Authorization:

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

Camp Stanica Bondsville, MA Today's Date ____/____/____

Child's Name _____ Address _____

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

First Name _____ Last Name _____

Relationship to Child: _____

Address _____

Phone Number (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication _____