



# Medication Authorization Form

EMERGENCY MEDICATION (EPI-PEN, INHALER) USE NEXT PAGE

*Fill out this form completely and bring with you the medications for your child on their first day of camp. Do not mail or drop off. Camp directors cannot administer any medication until this form is completed and returned to them. Please carefully read the instructions below. If these procedures are not followed we will not be able to administer any medication to your child.*

**PRESCRIPTION MEDICATION:**

1. Prescribed medication must be in its original packaging and/or bottle with your child's name on it.
2. It must identify the prescribing physician, the name of the medication, the dosage, and the frequency of administration.
3. All information on the bottle must also match the information that you fill out below.
4. Place this form and medication in a zip-lock bag and give it to the Camp Director, ONLY, on your child's first day of camp.
5. Only one week's dosage can be accepted.

**NON-PRESCRIPTION MEDICATION:**

1. Must be received in original packaging and/or bottle.
2. Parents must write out the dosage and frequency of administration below and place this form with original packaging in a zip lock bag.
3. Give to Camp Director, ONLY, on your child's first day at camp.
4. Only one week's dosage can be accepted.

## Consent to Administer Medication

**This form has to be done each session/week and medication will be given to your child while at camp. You will need to provide this form and the medication for the session/week on Monday of each session/week. Only send enough medication for one week.**

Child's Name: \_\_\_\_\_ Gender: M F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Prescribing Physician \_\_\_\_\_ Office Phone # \_\_\_\_\_

**Medication:**

**Medication #1** \_\_\_\_\_ Dosage \_\_\_\_\_  
 Times to be administered: \_\_\_\_\_ Refrigerate: Yes \_\_\_ No \_\_\_  
 Side effects \_\_\_\_\_  
 Stop medication if the following reactions occur: \_\_\_\_\_

**Medication #2** \_\_\_\_\_ Dosage \_\_\_\_\_  
 Times to be administered: \_\_\_\_\_ Refrigerate: Yes \_\_\_ No \_\_\_  
 Side effects \_\_\_\_\_  
 Stop medication if the following reactions occur: \_\_\_\_\_

**Medication #3** \_\_\_\_\_ Dosage \_\_\_\_\_  
 Times to be administered: \_\_\_\_\_ Refrigerate: Yes \_\_\_ No \_\_\_  
 Side effects \_\_\_\_\_  
 Stop medication if the following reactions occur: \_\_\_\_\_

**Consent:**

I hereby give permission for my child to take the below-listed prescription or non-prescription medication(s), as ordered, at the Williston Recreation & Parks Department's Summer Camp. I give permission for this medication to be administered by the Camp Director or his/her designee.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Camp Use Only:** This Section is to be filled out by the camp director each day that medication is administered

### Medication Log

**Campers Name:** \_\_\_\_\_ **For the week of:** \_\_\_\_\_

Name of Medication	Dosage	Time Medication Give				
		MON	TUE	WED	THUR	FRI
1.						
2.						
3.						



# Epi-Pen / Inhaler Authorization Form

*Fill out this form completely and bring with your child and the devices on their first day of camp. Camp directors cannot administer any medication until this form is completed and returned to them. Please carefully read the instructions below. If these procedures are not followed we will not be able to administer any medication to your child.*

## EPI-PENS, INHALERS:

1. Must be in its original packaging and/or container with your child's name on it.
2. It must identify the prescribing physician, the name of the medication, the dosage, and the frequency of administration.
3. All information on the packaging must also match the information that you fill out below.
4. Place this form and medication in a zip-lock bag and give it to the Camp Director, ONLY, on your child's first day of camp.
5. Only one week's dosage can be accepted.
6. While on-site, Epi-Pens / Inhalers must be stored in the Summer Camp Director's Office in a secure, locked storage place.
7. While off-site, Epi-Pens / Inhalers will be kept by staff in a designated First Aid Pack and stored in their plastic bags along with this completed form.

## **Camper Self-Carry Policy (Optional)**

Parents wishing to have their camper carry their own Epi-Pen / Inhaler must provide additional documentation from the camper's physician:

- i. Stating that the student has one or more life-threatening allergies, asthma, and/or a chronic illness, and
- ii. Providing the name of the medication, the dosage, and the times and circumstances under which the medication is to be taken, and
- iii. Affirming that the student:
  - 1) Is capable of, and has been instructed by the physician in, the proper method of self-administration of the medication, and
  - 2) Has been advised of possible side effects of the medication, and
  - 3) Has been informed of when and how to access emergency services.

By signing immediately below, I release the Williston Recreation and Parks Department and its employees and agents, including volunteers, from liability as a result of any injury arising from the camper's self-administration of the emergency medication, except when the conduct of the Williston Recreation Department, camp employee, or agent would constitute gross negligence, recklessness, or intentional misconduct.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Consent to Administer Medication**

**This form has to be done each session/week and medication will be given to your child while at camp. You will need to provide this form and the medication for the session/week on Monday of each session/week. Only send enough medication for one week.**

Child's Name: \_\_\_\_\_ Gender: M F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Prescribing Physician \_\_\_\_\_ Office Phone # \_\_\_\_\_

**Medication #1** \_\_\_\_\_ Dosage \_\_\_\_\_

Cause of allergic or asthmatic reaction: \_\_\_\_\_

Refrigerate: Yes \_\_\_ No \_\_\_

Side effects \_\_\_\_\_

Stop medication if the following reactions occur: \_\_\_\_\_

**Medication #2** \_\_\_\_\_ Dosage \_\_\_\_\_

Cause of allergic or asthmatic reaction: \_\_\_\_\_

Refrigerate: Yes \_\_\_ No \_\_\_

Side effects \_\_\_\_\_

Stop medication if the following reactions occur: \_\_\_\_\_

## **Consent:**

I hereby give permission for my child to take the listed prescription as ordered at the Williston Recreation & Parks Department's Summer Camp. I give permission for this medication to be administered by the Camp Director or his/her designee.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_