



Medication Authorization Form

Dear Parent / Legal Guardian:

If your child needs to have medications/treatments given during the camp day, state regulations and Pine Tree Camp policy require that you and your healthcare provider/doctor provide written permission for camp staff to administer prescription and daily over-the-counter medications or treatments. **See form attached form.**

Prescribed and daily over-the-counter medications must be brought to camp in the original package. The label **must display** all legal information required for a pharmacist to dispense a prescription medication such as: the date the medicine was issued and the date it expires, patient's name, medication name, dosage instructions, and the prescriber's (doctor's) name. The label information must match the physician's order.

Emergency medications including asthma inhalers, Epinephrine injectors, hypoglycemia treatment and emergency seizure medications, must be brought to camp in the original container. The label **must display** all legal information required for a pharmacist to dispense a prescription medication such as: the date the medicine was issued and date it expires, patient's name, medication name, dosage instructions, and the prescriber's (doctor's) name. The label information must match the physician's order.

Over-the-counter medications will only be provided to your child by the camp, as needed, if the Over-the-counter medication authorization form is completed and signed by physician.

A separate Medication Authorization Form must be completed and accompany any medication (either prescribed or over-the-counter) to be given to your child at camp. According to state law, a doctor's permission must be given in order for camp to administer any medications or treatments. This includes all vitamins, topical creams, and supplements.

Both the parent/legal guardian and the prescriber (doctor) must sign the form. Staff will not administer medications to your child without this written consent.

Do not send medications to camp with your child. A parent, legal guardian, or other authorized adult must hand carry medications to the camp nurse.

A parent or legal guardian must pick up medication on the camper's last day of camp or if the medication is discontinued or changed during camp.

Medication not picked up will be discarded



Medication Authorization Form

A separate permission form must be completed for each medication and signed by both the parent and the physician. According to state law, a doctor's permission must be given in order for the nurse to administer any medications or treatments. This includes all vitamins, topical creams, and supplements.

Section completed by the parent.

Camper Name: _____ Birth Date: _____

I hereby grant permission to the camp staff to administer prescribed medication and/or treatment to my child while in camp and away from camp while participating in off campus activities. It is my responsibility to notify the school if and when these orders change.

Parent / Guardian Name: _____ Relationship: _____

Parent Signature: _____ Date: _____

Parent / Guardian Name: _____ Relationship: _____

Parent Signature: _____ Date: _____

Section completed by prescribing physician

Name of Medication: _____

Desired action of medication: _____

Dosage: _____ Discontinue Date: _____

How often and at what time: _____

Symptoms of adverse reaction to medication: _____

Prescribing Physician: _____

Prescribing Physician Signature: _____ Date: _____

Section completed by camp

___ Day Camp ___ Kampus Kamper overnight camp

Day Group: _____ Night Group: _____