



Authorization Form for administration of medication



In Connecticut, licensed camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration for their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with the child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication shall be destroyed if not picked up within one week following termination of the order, or following the last day of camp.

AUTHORIZED PRESCRIBER'S ORDER (M.D., Dentist, P.A., A.P.R.N.): Today's Date _____

Name of Child _____ Date of Birth _____

Medication Name _____ Is this a controlled Drug? ___ Yes ___ No

Dosage _____ Method _____

Time(s) of administration _____ Start Date _____ Stop Date _____

Specific Instructions, if any _____

Is this medication to be self-administered by the child? ___ Yes ___ No

Relevant side effects of medication _____

Plan of management for side effects _____

Allergies, reaction to, or negative interaction with food or drugs? If YES, list _____

Prescriber's Name _____ Phone # _____

Prescriber's Full Address _____

Prescriber's Signature _____

AUTHORIZATION BY PARENT/GUARDIAN FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION

Name of Camp: **High Meadow Day Camp** Today's Date _____

I hereby request that medication be administered to my child _____, as described and directed above.

Parent/Guardian Name _____ Relationship to Camper _____

Full Address (No., Street, Town, Zip) _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Parent/Guardian Signature _____

Name of Camp Personnel Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink) _____