



Authorization to Administer Prescription Medication Form

The following guidelines pertain to administering medications during Camp Get CENTERed program hours. Please complete and return if your camper will need prescription medication

1. Written parent/guardian permission is required to administer medication. Directions are recorded for proper amount or dosage, including time and days medication is to be administered.
2. Parent/guardian will be notified when medication is administered.
3. Prescription medication is not administered unless the medication is part of a prescribed therapeutic treatment.
4. All medication must be provided by the parent/guardian in the original container with name, date, directions, and physician's name.
5. Staff administers medication according to the label directions and only to the camper for whom it is intended.
6. Each dosage administered is recorded by designated staff and records are available to parent/guardian.
7. All medications are inaccessible to campers and stored in a manner that prevents contamination of food.
8. All medications for camper need to put in a ziplock bag with campers name.
9. Medication is sent home with camper each day.

Camper's Name _____ Birthday _____ Age _____

Name of Prescription Medication _____

Reason for Medication _____

Method of Medication Administration: Oral Topical Drops Inhale Other _____

Dosage _____ Time to be Administered _____

Days to be Administered: Monday Tuesday Wednesday Thursday Friday

Possible Side Effects of Medication _____

What action should be taken if side effects are noticed _____

Additional Information or Instruction _____

Name of Prescription Medication _____

Reason for Medication _____

Method of Medication Administration: Oral Topical Drops Inhale Other _____

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