2023 Day Camp Medication Authorization

♦ ***BRING THIS FORM TO THE CAMP OFFICE*** ♦

In accordance with the Nurse Practice Act and the State Education Law, camp personnel may not dispense medication – whether prescribed or over-the-counter – to a camper unless it is authorized by the camper's parents **and** their physician.

This form allows the camp EMT and administrative staff to store your child's medication and to supervise your child in self-administration of their own medication. Please complete a separate form for each individual medication and submit it with your child's medication in its original container to the camp office.
Note: Emergency medication (e.g. EpiPen, Benadryl, albuterol inhaler) may be carried by your child instead of being stored in the camp office.

Date _____/_____/_____

I hereby grant permission to the camp EMT and administrative staff to store and to supervise the self-administration of my child's medication as detailed below by our physician.

Child's Name _____ Grade in Sept. _____

Address _____

Parents' Names _____

Mother's Cell (____)_____-_____ Home (____)_____-_____Work (____)_____-_____

Father's Cell (_____)_____-_____ Home (____)_____-_____Work (____)_____-_____

Emergency Contact Person _____ Phone (____)_____-_____

Check all that apply:

- ❑ I would like my child to **carry** their EpiPen / Benadryl / inhaler (circle one) at all times.
- ❑ I would like my child's EpiPen / Benadryl / inhaler (circle one) to be **stored** in the camp office.
- ❑ I am providing a second EpiPen / Benadryl / inhaler (circle one) to be **stored** in the pool office.
  (Please photocopy this form to attach to the second set of medication for the pool office)

Parent's Signature _____

► ***This portion must be completed by your child's physician.*** Date _____/____/_____

_____ is to receive _____
child's name medication

for _____
indication

Dose _____ Route _____ ❑ PRN **or** ❑ Frequency _____

Notes _____

Physician's name _____ Signature _____

Phone (____)_____-_____ Address _____