



Medication Authorization Form

Connecticut State Law now requires an authorized prescriber's (M.D., Dentist, P.A., A.P.R.N.) written order AND parent or guardian's authorization for a nurse or camp personnel with current Medication Administration Training to administer **ALL MEDICATIONS** brought from home.

Prescription medications must be in the pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, authorized prescriber's name and date of the original prescription.

Over-the-counter medication must be in the original container and labeled with the child's name.

Please double check the following:

- Prescriber's Signature
- Parent/Guardian Signature

One Medication Authorization Form is Required for EACH Medication

Authorized Prescriber's Order
(Physician, Dentist, Physician's Assistant, Advanced Practice Registered Nurse)

Child's Name _____ Birth Date ____/____/____ Today's Date ____/____/____
Month Day Year Month Day Year

Medication Name _____ Controlled Drug _____ Yes / No

Condition for which drug is administered _____

Dosage _____ Method _____ Times of Administration _____

Any Specific Instructions for Medication Administration: _____

Medication Administration: Start Date ____/____/____ Stop Date ____/____/____

May this medication be self administered by the child? _____ Yes / No

Relevant Side effects of Medication _____

Plan for management for Side Effects _____

Known Camper Allergies _____

Parent / Guardian Information & Signature

Printed Name _____

Relationship to Child _____

Address _____

Town/State/Zip _____

Phone _____

Signature of Parent/Guardian
 Authorizing administration of medication as described and directed above.

Prescriber Information & Signature

Printed Name _____

Address _____

Town/State/Zip _____

Phone _____

 Prescriber Signature

**Please bring to camp on check-in day
DO NOT MAIL**

Epi Pens AND Asthma Inhalers

If this form is being filled out for an epi pen or inhaler and you feel that your child should keep his/her epi pen or inhaler with him/her at all times because of the severity of their potential allergic or asthmatic reaction, the "yes" for self-administration by the child MUST be circled on the front of this form.

We also recommend that you actually send 2 inhalers if at all possible - this allows us to keep a spare in the health center in case the one your child carries gets misplaced.

Epi Pens and inhalers are the ONLY medications campers may keep with them. ALL other medications (including vitamins and herbal supplements) MUST be stored in the Health Center

**Please make as many copies of this form as necessary.
You MUST have one form for EACH prescription or over-the-counter medication you send with your child to camp.**