



MEDICATION AUTHORIZATION FORM

To be completed by parent:

Child's Name: _____ Date of Birth: _____ Weight: _____
Today's Date: _____ Camp Dates: Fri., Nov. 22, 2013 - Sun., Nov. 24, 2013

As the parent/guardian of the above named child I have read and complied with the following Mountain Harmony Camp rules for administering medication while at camp.

- The medication must be in its original container, with a legible label from the pharmacy, indicating the child's name, date, name of medication, expiration date, dosage, time and number of days medication is to be given, the doctor/nurse practitioners name, pharmacy name and telephone number.
Any medication samples must be accompanied by a doctor's written prescription.
Medications are to be given only to the child indicated on the label (twins / siblings cannot share)
Label constitutes the physicians/nurse practitioner's order.
A separate authorization form is required for each medication.

As the parent/guardian of the above named child, I give permission for the designated Camp Nurse to administer the prescribed, or non-prescribed, medication(s) listed below to my child. The undersigned agrees not to file or make any claim for negligence in connection with the administration or non-administration of this medicine(s) and further agrees to hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines.

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____ Date: _____

Primary Emergency Phone: _____ Secondary Emergency Phone: _____

Please initial the following if your child must carry her own emergency medication:

For children with Asthma: _____ As the parent/guardian of this child, I acknowledge that my child is responsible for, and competent in the appropriate use of, her prescribed asthma inhaler. I authorize my child to possess/carry her own prescribed asthma inhaler while at camp. I have provided a second inhaler to the Camp Nurse in case of loss or other emergency.

For children with EpiPen/Twinject/Auto Injector: _____ As the parent/guardian of this child, I acknowledge that my child is responsible for, and competent in the appropriate use of, her prescribed Epinephrine Auto-Injector. I authorize my child to possess/carry her own prescribed injector while at camp. I understand the Camp Nurse, or other designated adult, will immediately request assistance from an emergency medical service provider if this medication is administered. I have provided a backup dose of this medication to the Camp Nurse in case of loss or other emergency.

Prescribed Medication:

Medication Name: _____ Doctor's Name: _____

Reason for medication: _____

Start date: _____ End date: _____ Dosage: _____

Times medication to be administered: _____ am/pm _____ am/pm _____ am/pm _____ am/pm

Route (circle one): by mouth skin (location) _____ eye R / L other _____

Possible side effects: _____

Special handling/storage instructions: _____ Refrigeration: Yes / No

Non-Prescription Medication:

Parent is required to bring this medication from home. Must be in an original container labeled with child's name.

Medication Name: _____ Start date: _____ End date: _____

Reason for medication: _____ Dosage: _____

Times medication to be administered: _____ am/pm _____ am/pm _____ am/pm _____ am/pm

Route (circle one): by mouth skin (location) _____ eye R / L other _____

Special handling/storage instructions: _____ Refrigeration: Yes / No