CAMP AUTHORIZATION TO ADMINISTER MEDICATION

This form is only for those campers who will be receiving medication during the camp day. Medications include, but are not limited to prescription liquids and/or pills, over the counter liquids and/or pills, insulin, Epi Pens and inhalers. Parents/Guardians are required to pre-cut pills if necessary.

CAMPER INFORMATION

Name of Camper _____

Age _____ DOB _____

Camp Attending _____ Dates Attending _____

Parent/Guardian _____ Home Phone _____

Work Phone _____ Emergency Phone _____

Camper Food/Drug Allergies _____

Diagnosis (at parents' discretion) _____

MEDICATION INFORMATION

Name of Licensed Prescriber _____ Phone _____

Prescriber Address _____

Name of Medication _____ Dose Given at Camp _____

Route of Administration _____ Frequency During Camp _____

Date of Order _____ Duration of Order _____

Quantity Received On _____ Expiration Date of Medication _____

Special Storage Requirements _____

Specific Directions (with water, with food, etc.)_____

Special Precautions _____

Possible Side Effects/Adverse Reactions _____

Location where medicine administration will occur _____

Name of Camper _____

DOB _____

AUTHORIZATION TO ADMINISTER MEDICATION

I, _____ hereby authorize properly trained YMCA of the North Shore health care supervisor to administer to my child, _____ the medication(s) listed, in accordance with state regulations.

_____ _____

Parent/Guardian Signature Date

EPINEPHRINE ADMINISTRATION

If listed medication includes epinephrine injection system:

I hereby authorize my child to self-administer with approval of the Health Care Consultant.

YES ☐ NO ☐ Not Applicable ☐

I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer.

YES ☐ NO ☐ Not Applicable ☐

_____ _____

Parent/Guardian Signature Date

INSULIN ADMINISTRATION

If listed medication includes insulin for diabetic management:

I hereby authorize my child to self-administer with approval of the Health Care Consultant.

YES ☐ NO ☐ Not Applicable ☐

_____ _____

Parent/Guardian Signature Date

_____

***NOTE** Upon arrival at camp, medication should be given directly to YMCA camp office.*
***Prescription Medications**: In the prescription bottle with prescription label attached. Label must include date of filling, pharmacy name and address, pharmacist's initials, serial number of prescription, name of patient, name of doctor, name of medication, directions for use and cautionary statements, number of pills included (if applicable).*
***Over the Counter medications:** In original container with original label and directions.*