



Day Camp

Medication Authorization - 2024

New York State Law and the Town of Mamaroneck Recreation Department require that campers who need medication during camp hours provide the Camp Health Office with the following:

1. This form completed and signed by the prescribing Physician and Parent/Guardian.
2. The medication must be in the original container for any prescribed and for any over the counter medications.
3. Complete a separate Medication Authorization form for each individual medication.
4. Expired medication will not be accepted.
5. Place medication(s) and this form(s) in a zip lock bag with your child's name on it.
6. **Hand in this form(s) and medication(s) the first day of camp to the Camp EMT office.**

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~ TO BE COMPLETED BY PARENT/GUARDIAN (PLEASE PRINT CLEARLY) ~

Name of Camper: _____ Grade in Sept. 2024 _____

Address: _____ Date of Birth: ____/____/____

Parent name: _____ Parent name: _____

Daytime # (____) _____ - _____ Daytime # (____) _____ - _____

Cell # (____) _____ - _____ Cell # (____) _____ - _____

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.

PARENT/GUARDIAN SIGNATURE _____ DATE ____/____/____

~ To be completed by the Physician (please print neatly) ~

Diagnosis: _____

Medication Name: _____

Dosage: _____ Route: _____ Frequency: _____

Time(s) to be taken during Camp hours: _____

Date to start: _____ Date to End: _____

Possible Side Effects: _____

Special Considerations: _____

Print Name of Physician (____) _____ - _____
Phone Number

Physician's Address _____ **City** _____ **Zip Code** _____

PHYSICIAN'S SIGNATURE _____ **DATE** ____/____/____