



Camp Hazen YMCA

2010 Medication Authorization Form

Connecticut State Law 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 medications brought from home. Prescription medications must be in 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

Please bring to Camp Hazen YMCA on check-in day with medication

AUTHORIZED PRESCRIBER'S ORDER

(Physician, Dentist, Physicians Assistant, Advanced Practice Registered Nurse)

Child's Name _____ Birth Date ____/____/____ Today's Date ____/____/____

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 Food or Drug Allergies? YES NO Reactions to? YES NO Interactions with? YES NO

If "yes to any of the above, please explain _____

Parent/Guardian Information & Signature

Printed Name _____

Relationship to child _____

Address _____

Town/State/Zip _____

✓ _____

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

Prescriber Information & Signature

Printed Name _____

Phone _____

Address _____

City/State/Zip _____

✓ _____

Prescriber's Signature

Please bring to camp on check-in day

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 box for self-administration by the child **MUST** be checked 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) 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.