

Medication Authorization Form

Directions: Complete **one form for each medication** administered at camp. Return form with medication to camp on your camper's first day. Review Camp Parent Manual for full check-in process.

CAMPER INFORMATION		
Camper Name	Birth Date	
MEDICATION INFORMATION		
Medication Name	<input type="checkbox"/> prescription <input type="checkbox"/> non-prescription	
When to Give	Dates to Administer _____ to _____ START END	Expiration Date
Purpose of Medication	Side Effects	
DOSAGE INFORMATION		
Dosage	Prior to today, has camper received a dosage of this medication? <input type="checkbox"/> Yes <input type="checkbox"/> No - can not accept	
<i>For non-prescriptions only</i> Will more than one dose be given per day/illness? <input type="checkbox"/> No <input type="checkbox"/> Yes - health practitioner's signature required, except acetaminophen or topical Is dosage in accordance with package instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No - health practitioner's signature required		
PACKAGING INFORMATION		
<i>For prescriptions only</i> Is medication in original container with intact pharmacy label? Must include directions, dosage, child's name and expiration date <input type="checkbox"/> Yes <input type="checkbox"/> No - can not accept		
<i>For non-prescriptions only</i> Is medication in original packaging with directions and dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No - can not accept		
WAIVER		
I grant the Y of Central Maryland permission to administer the above medication as outlined.		
PARENT/GUARDIAN SIGNATURE _____		DATE _____
HEALTH PRACTITIONER SIGNATURE/STAMP _____		DATE _____
CAMP USE ONLY		
Check-In		
1. Verify above information - complete and correct		2. Put medication and form in baggie, label
3. Put baggie in Med Box		4. Update Medical Alert Chart
STAFF NAME _____		DATE _____
Check-Out		
Date Last Dose Given	Medication has been: <input type="checkbox"/> Returned to Parent Date: _____ <input type="checkbox"/> Destroyed Date: _____	Staff Name & Date

MEDICATION ADMINISTRATION LOG

[illegible]