

Administration of Medication Form

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse)

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medication Name \_\_\_\_\_ Controlled Drug? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Dosage \_\_\_\_\_ Method \_\_\_\_\_ Time of Administration \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Medication Administration: Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Stop Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_

Plan of 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 \_\_\_\_\_

Prescriber's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_

Child may self-administer the prescribed medication as directed

Prescriber's Signature \_\_\_\_\_

**Parent/ Guardian Authorization:**

I request that medication be self-administered to my child as described and directed above.

Name of Camp \_\_\_\_\_ Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Name \_\_\_\_\_ Address \_\_\_\_\_ Town \_\_\_\_\_

Name of Parent/Guardian Authorizing Administration of Medication \_\_\_\_\_

Relationship to Child: \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian/ Other Explain: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of Parent/ Guardian Authorizing Administration of Medication \_\_\_\_\_

**SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the camp trainer in accordance with board policy. In a camp, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization: Yes  No  \_\_\_\_\_

Signature

Date

Parent/Guardian authorization: Yes  No  \_\_\_\_\_

Signature

Date

**Name of Camp Personnel Receiving Written Authorization and Medication** \_\_\_\_\_

**Title/ Position** \_\_\_\_\_ **Signature (in ink)** \_\_\_\_\_