

CHITIMACHA SUMMER CAMP

Authorization to Administer Medication

Name of Child: _____ Date: _____

Name of Medication & Strength: _____

Prescription Number: _____

Doctor's Name: _____ Doctor's Contact Number: _____

Date(s) to Administer Medication: _____

Dosage: _____ How Often: _____

Time of Dosage: _____

Parent Signature: _____ Witness Signature: _____

FOR COMPLETION BY PARENT/GUARDIAN:

PLEASE READ THE FOLLOWING INFORMATION REGARDING MEDICATION ADMINISTRATION AT SUMMER CAMP, **COMPLETE**, AND **SIGN** TO ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THIS INFORMATION.

BEFORE ANY MEDICATION CAN BE GIVEN AT SUMMER CAMP I AGREE TO:

1. Provide a signed, fully completed administration of medication form.
2. Prescribed Medication must be brought by a parent and must be in a container from the pharmacy, properly labeled with the following: name, address, and phone number of pharmacy; the prescription number; date dispensed; name of student; clear directions for use; drug name and strength; name of pharmacist; and physician's name.
3. Medication must be counted when delivered to the responsible person at school and the parent must sign agreement with the count.
4. The initial dose of the medication must be administered at home by the parent or guardian with sufficient time to observe for adverse reactions.
5. No more than a 35-school day supply of medication shall be kept at Summer Camp.
6. A new medication form and medication supply must be provided each year of Summer Camp.
7. At the end of the Summer Camp or if medication is discontinued, parent must pick up any remaining medication the last day of Summer Camp. A courtesy call will be given to each parent who has not picked up the medication and they will be allowed one more day to pick up the medication; thereafter the medication will be disposed of properly.

Please list all medications that student is currently receiving at home and summer camp:

1. _____
2. _____
3. _____

List name and telephone number of persons to be notified in case of a medication emergency in addition to the parents

Name:

Phone Number:

Name:

Phone Number:

I HAVE READ AND AGREE TO THE ABOVE INFORMATION:

Parent signature: _____

Date