# AUTHORIZATION FOR MEDICATION ADMINISTRATION
## Gretna Glen Camp

- If a camper must receive medication during her/his scheduled summer camping session, please bring this completed form, along with the medication, to camp registration.
- Submit the form and the medication to the Health Care Staff member at camp registration.
- Medications must be in their original prescription containers.
- You must complete and sign a form for **each** of the medications needed by the camper. ***[This applies to all prescription and non-prescription medications, ointments and drops!]***
- You may copy this form!

**PRESCRIBING PHYSICIAN INFORMATION** [to be completed by Physician]

1. Camper's Full Name _____
2. Diagnosis _____
3. Medication Prescribed _____
4. Term of Prescription _____
4. Prescribed Dosage _____
5. Time Schedule _____
6. Possible Side Effects _____

*"I certify that it is imperative that the medication prescribed above be taken during this child's camping session."*

_____ _____ (____)_____ _____/_____/_____
(Physician's Signature) (Printed Name) (Phone) (Date)

**PARENT / GUARDIAN AUTHORIZATION** [to be completed by Parent / Guardian]

*"I give my consent to the Health Care Staff Member to administer the above medication to this camper during her/his summer camp program."*

Camper Name: _____ Event Number: _____

Event Name: _____ Event Dates: _____/_____/_____

_____ _____ (____)_____ _____/_____/_____
(Parent / Guardian Signature) (Printed Name) (Phone) (Date)

**HEALTH CARE STAFF INFORMATION** [to be completed by Health Care Staff Member]

1. __ Permission form completed
2. __ Safety type container
3. __ Original prescription label
4. __ Name of this camper is on the label
5. __ Date on prescription label is current / expiration date is valid.
6. __ Dose, name of drug & frequency of administration on label is consistent with instructions
7. __ OTC, original container, expiration date is valid.
8. __ Will carry on person
9. __ Other Notes_____

_____ _____/_____/_____
(Health Care Staff Member Signature) (Date)