

## Authorization for the Administration of Medication

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.

**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** \_\_\_/\_\_\_/\_\_\_

**Is this medication to be self-administered by the child?**  YES  NO

**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** \_\_\_\_\_ **Prescriber's**

**Signature & Stamp** \_\_\_\_\_

**Parent/Guardian Authorization:**

**I request that medication be 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 as described and directed above:** **First Name**

\_\_\_\_\_ **Last Name** \_\_\_\_\_ **Relationship to**

**Child:**  Mother  Father  Guardian/Other explain: \_\_\_\_\_ **Address**

\_\_\_\_\_ **Town** \_\_\_\_\_ **Phone Number (\_\_\_\_)** \_\_\_\_\_ **Signature of**

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

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

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

*A separate form is required for each medication*