

# Prescription drug authorization 2020



Camper's name:  \_\_\_\_\_

**This form should only be returned to camp if the camp nurse will be administering medication to your child during the camp day.**

If your physician decides it is necessary for your child to receive medication during the camp day, his/her approval and specific directions must be provided to the camp in addition to those that appear on the drug itself. This is required by Federal and State law; camp can not allow exceptions. It is insufficient to send the parent's permission for us to administer prescription drugs, even though the directions are (and must) be on the bottle from the pharmacy!

Send the medication to the camp in the original (or duplicate) box or bottle with the current prescription label on the container. Your pharmacy will provide a duplicate bottle if you require one.

Please take this form to your physician and have the exact instructions recorded regarding the administration of your child's medication. **By law, the camp cannot administer any prescription medication until we receive this completed authorization form.**

I hereby give my permission for the nurse or other camp personnel to administer medication during the camp's hours to my child named below.

Parent's Printed Name 

Parent's Signature 

Camper's address \_\_\_\_\_ ZIP \_\_\_\_\_

## Physician's instructions

must be completed by a physician

Date of order \_\_\_\_\_ Physician's phone \_\_\_\_\_

Name of medication \_\_\_\_\_

Dose \_\_\_\_\_

Time and circumstance of administration at camp \_\_\_\_\_

Can a reaction be expected and if so, describe the reaction \_\_\_\_\_

Physician's Printed Name 

Physician's Signature 

Return by FAX to 410.517.3454 or mail to 400 Delight Meadows Road, Reisterstown, Maryland 21136