

Authorization for the Administration of Medication by Youth Camp Personnel

In Connecticut, licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/ guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. *This authorization is only good for one (1) year/ one (1) camp season. Medications not picked up within one (1) week following the end of the camper's session will be destroyed.* **Medications must be in the original container and labeled with the child's name, name of medication, directions for medication administration, and date of prescription.**

Authorized Prescriber's Order (Physician, Physician Assistant, Advanced Practice Registered Nurse, etc.):

Name of Child _____ Date of Birth _____ Today's Date _____

Address of Child _____ Town _____

Medication Name (as prescribed/filled) _____

Instructions for administration _____

Dosage _____ Method/ Route _____

Time(s) of Administration _____ If PRN, frequency/criteria _____

Medication shall be administered: Start date: _____ End date: _____

Relevant side effects of Medication _____ ☐ None expected

Plan for management of side effects _____ ☐ N/A

Relevant reactions to other medications/ foods _____ ☐ None expected

Prescriber's Name/ Title _____ ***Controlled Substance? ☐ Yes ☐ No**

Prescriber's Address _____ Phone _____

Prescriber's Signature _____ Date _____

Parent/ Guardian Authorization- this must be signed IN ADDITION to the Prescriber's signature above:

- ☐ I request that medication be administered to my child as described and directed above (or)
- ☐ I approve the permission or communication between camp staff and the prescriber as necessary to ensure the safe administration of this medication.

Parent/ Guardian Name _____ Parent/ Guardian Signature _____

Relationship _____ Cell Phone _____ Date _____

APPROVAL FOR SELF-ADMINISTRATION OF MEDICATION

At Camp Asto Wamah, **only inhalers for asthma and epinephrine pens (Epi-pen, etc.) for medically diagnosed allergies may be kept in cabins/self-administered** with the written authorization and approval of BOTH the authorized prescriber and parent/guardians. Without both of these signatures, medications are required to be kept in the Camp Infirmary, and administered only by the Nurse.

Prescribers authorization for self-administration: ☐ Yes ☐ No _____
Signature _____ Date _____

Parent/ guardian authorization for self-administration: ☐ Yes ☐ No _____
Signature _____ Date _____

Camp nurse approval for self-administration: ☐ Yes ☐ No _____
Signature _____ Date _____