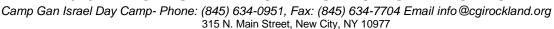
2019 MEDICATION ADMINISTRATION AUTHORIZATION FORM





This form must be completed fully in order for Camp Gan Israel to administer the required medication. A separate medication administration authorization form must be completed for each medication at the beginning of each summer season and each time there is a change in dosage or time of administration of a medication.

- * Prescription medication must be in a container labeled by the pharmacist or prescriber.
- * Non-prescription medication including vitamins, homeopathic, and herbal medications must be in the original container with the label intact.
- * An adult must bring the medication to camp.
- * The camp medical staff may call the prescriber, as allowed by HIPAA, if a question arises about the camper and/or the camper's medication.

<u>Prescriber's Authorization</u>	
1. Name of Camper:	2. Camper Date of Birth: / /
3. Medication Name:	4. Is this an Emergency Medication? ☐ Yes ☐ No If Yes, see #13 below
5. Condition for which medication is being administered:	
6. Dose:	7. Route:
8. Time/Frequency of administration:	
8a. If PRN, frequency:	
8b. If PRN, for which symptoms:	
9. Relevant Side Effects: □ None expected □ Specify:	
10. This medication shall be administered during the summer of 2019 while this camper is attending Camp Gan Israel unless more restrictive dates are specified here:	
11. Prescriber's Name/Title:	
Telephone:FAX:	
Address:	
Prescriber's Signature: 12. Date:	
Parents CANNOT sign here - Original signature or signature stamp	ONLY (Use for Prescriber's Address Stamp)
13. SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL	
Self-carry and self-administration of emergency medications such as inhalers, insulin and EpiPens® must be authorized by the prescriber and the parent/guardian and may be approved by the camp medical staff. I consent that the child named above is able to self-carry and self-administer the medication listed. I authorize self-carry and self-administration of the above listed medication for the child named above under the supervision of an authorized staff member.	
13a.	13b.
Prescriber's Signature Date	Parent/Guardian Signature Date
Parent/Guardian Authorization	
I/We request designated camp personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the camper named above, including the administration of medication at the facility. I/We understand that at the end of each camp session, an adult must pick up the medication, otherwise it will be discarded. I/We authorize the camp personnel to communicate with the health care provider as allowed by HIPAA.	
Parent/Guardian Signature: 14.	Date:

Rev. 06/03/2015