AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION & OVER-THE-COUNTER MEDICATIONS

Name of Camper_____ **Fall 2027 Grade** _____

All camp medications must be kept in the health office and administered according to label instructions and at the discretion of camp personnel. This policy exists for the safety of all campers; your cooperation is greatly appreciated!

Required For Prescription Medication

Prescribed medications must have intact prescription labels and a (non-parent) physician-signed authorization form must be on file before camp personnel will administer them. If a change in type of medication or dosage is warranted, a new request signed by the parent and (non-parent) physician must be provided.

Prescription

Medication_____ Dosage _____

Time of Day _____ Reason _____

I prescribe and authorize administration of this medication to the above named camper.

_____ _____

Signature of (non-parent) Physician Date

_____

Print Name of Physician and attach photocopy of current pharmacy label

Required For Over-the-Counter (OTC) Medication

OTC Medication

Below is a list of OTC (over-the-counter) medications Summer at Barstow stocks in the Health Office.

- Acetaminophen
- Ibuprofen
- Cough drops/throat lozenges
- Caladryl lotion
- Benadryl
- Tums
- Pepto-Bismol

List any other OTC medications you will provide the Summer at Barstow Health Office.

Medication_____ Dosage _____

Time of Day _____ Reason _____

I understand that any camp employee who administers any prescription or over-the-counter medication in accordance with written instructions for a physician, dentist, or parent shall not be liable for damages as a result of an adverse drug reaction suffered by the camper because of administering such a medication. I authorize the administration of this medication to the above named camper.

_____ _____

Signature of Parent **Date**