

2019 MEDICATION ADMINISTRATION AUTHORIZATION FORM

Camp Gan Israel Day Camp- Phone: (845) 634-0951, Fax: (845) 634-7704 Email info@cgirockland.org
315 N. Main Street, New City, NY 10977



*****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.

Prescriber's Authorization

1. Name of Camper:	2. Camper Date of Birth: / /
3. Medication Name:	4. Is this an Emergency Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, see #13 below</i>
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: <input type="checkbox"/> None expected <input type="checkbox"/> 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: _____ to _____
Month / Day / Year Month / Day / Year

11. Prescriber's Name/Title: _____ <i>Type or Print</i> 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: _____
--------------------------------------	-------------