

MEDICATION ADMINISTRATION AUTHORIZATION FORM

CITY OF ST. MARYS PARKS & RECREATION

This form must be completed fully in order for the City of St. Marys Parks & Recreation Department to administer the required medication or for the camper to self administer medication. A new medication administration form must be completed at the beginning of each campseason, for each medication, 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 other prescriber. An adult must bring the medication to the program and give the medication to an adult staff member. The medication will then be stored in a safe facility until the time to be administered.

PRESCRIBER'S AUTHORIZATION

CHILD'S NAME (Required): _____

DATE OF BIRTH (Required): _____

CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED (Required): _____

EMERGENCY MEDICATION

YES

NO

MEDICATION NAME (Required): _____

DOSAGE (Required): _____

METHOD TO GIVE (Required): _____

TIME/FREQUENCY OF ADMINISTRATION (Required): _____

IF PRN, FREQUENCY: _____

IF PRN, FOR WHAT SYMPTOMS: _____

KNOWN SIDE EFFECTS SPECIFIC TO CHILD: _____

Medication shall be administered during the year in which this form is dated unless more restrictive dates are specified. This authorization is NOT TO EXCEED 1 YEAR.

FROM (Required): _____

TO (Required): _____

PRESCRIBER'S NAME/TITLE (Required): _____

PRESCRIBER'S NUMBER (Required): _____

MEDICATION ADMINISTRATION AUTHORIZATION FORM

PRESCRIBER'S ADDRESS (Required): _____

PRESCRIBER'S SIGNATURE (Required): _____
ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY.

Date (Required): _____

PARENT/GUARDIAN AUTHORIZATION

PARENT/GUARDIAN SIGNATURE (Required): _____

Date (Required): _____

HOME PHONE (Required): () - _____

CELL PHONE (Required): () - _____

WORK PHONE (Required): () - _____

AUTHORIZATION FOR SELF ADMINISTRATION/SELF CARRY (OPTIONAL)

This section should only be completed if this medication is approved for self administration. Self carry is only permitted for emergency medications such as inhalers, insulin and epinephrine. Both the prescriber and the parent/guardian must consent to self administration below. However, youth camp operators are not required to permit self administration or self carry. I consent that the child named above is able to self administer the medication listed. I authorize self administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. If indicated below, the child named above may self carry emergency medication.

PRESCRIBER'S SIGNATURE (Required): _____

Authorizing self administration.

SELF CARRY/ADMINISTER EMERGENCY MEDICATION

YES

NO

Date (Required): _____

PARENT/GUARDIAN SIGNATURE (Required): _____

Authorizing self administration.

SELF CARRY/ADMINISTER EMERGENCY MEDICATION

YES

NO

Date (Required): _____