

# 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):** \_\_\_\_\_

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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, youthcamp 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): \_\_\_\_\_