Authorization of Self-Administration Medication Form

This form allows both the parent/guardian and the prescriber to ensure the camper is capable of self-administering the medication safely while at camp***. If your camp requires any medication while at camp or ICE, you MUST complete this form in totality and present to first aider at check-in with medication.*** All medication MUST be brought to camp in the original container and have proper pharmacy labelling. If these conditions are not met and paperwork completed, your camper will not be allowed at camp. You MUST also complete an Individual Care Plan available on our website.

Camper Information:

- Camper's Full Name: _____
- Date of Birth _____
-Camper Address: _____
- Parent/Guardian Name: _____
- Parent/Guardian Phone Number: _____
- Parent/Guardian Email: _____

Medication Information:

- Name of Medication: _____
- Dosage: _____
- Time(s) of Administration: _____
- Condition being treated: _____
-Specific Instructions for Medication Administration: _____
- Potential Side Effects_____ None Expected ☐
-Plan to Address Potential Side Effects: _____

Parent/Guardian Authorization for Self-Administration:

☐ I, the undersigned parent/guardian, hereby authorize my child, named above, to self-administer the medication listed above while attending the summer camp program. I understand that my child has been instructed by a healthcare provider on how to properly administer this medication. I am confident in my child's ability to safely and responsibly manage this medication while at camp.

☐ I agree to provide the camp with an adequate supply of the medication, properly labeled, in accordance with camp policy. I also understand that the camp staff may provide assistance if necessary and that the camp will monitor my child's adherence to medication administration as best as possible.

Parent/Guardian Consent:

- Parent/Guardian Signature: _____
- Date: _____
- Relationship to child: _____

Prescriber's Authorization:

☐ I, the undersigned prescribing healthcare provider, authorize the child named above to self-administer the medication as described. I confirm that this child has been educated on the proper use of the medication, including potential side effects, and is capable of administering it independently while at camp. I understand that the camp staff will make reasonable accommodations for the camper's health and safety during the camp session.

- Prescriber's Full Name: _____
- Prescriber's Title: _____
- Prescriber's Contact Information: _____
- Prescriber's Signature: _____
- Date: _____

For Camp Use Only:

- Medication Received: [ ] Yes [ ] No
- Camp Staff Notified: [ ] Yes [ ] No
- Medication Stored Appropriately: [ ] Yes [ ] No

Important Notes:

- **All medications must be brought to camp in their original, pharmacy-labeled container**.
- **Any changes in medication, dosage, or administration must be communicated to the camp immediately.**

Camp First Aider Signature: _____

Medication Administration Record (MAR)

Name of Child _____ **Date of Birth** _____/_____/_____
Pharmacy Name _____**Prescription Number** _____
Medication Order_____

Date	**Time**	**Dosage**	**Remarks**	**Was This Medication Self Administered?**	**Signature of Person Observing or Administering Medication** (First Aider or Staff Member Resp)
				Yes ☐ **No** ☐	
				Yes ☐ **No** ☐	
				Yes ☐ **No** ☐	
				Yes ☐ **No** ☐	
				Yes ☐ **No** ☐	
				Yes ☐ **No** ☐	
				Yes ☐ **No** ☐	
				Yes ☐ **No** ☐	
				Yes ☐ **No** ☐	
				Yes ☐ **No** ☐	
				Yes ☐ **No** ☐	
				Yes ☐ **No** ☐	

*Medication authorization form must be used as either a two-sided document or attached first and second page.

☐ **Authorization form is complete**
☐ **Medication is appropriately labeled**
☐ **Medication is in original container**
☐ **Date on label is current**
☐ **The Individual Care Plan Form is complete**

Person Accepting Medication (print name)_____ **Date** _____/_____/_____