Authorization for MedicationComplete for EACH medication



GENERAL POLICY SUMMARY

If a child requires medication during program/camp hours, they **must be able to administer it themselves**. Our staff will secure the medication for them for safety reasons, but the child must be aware of not only the dosage but also when they need to take it.

An **Authorization for Medication Form MUST be completed by the child's physician and parent for** <u>each</u> **prescribed and over the counter (OTC) medication** before it may be left and dispensed at camp. One form per medication per program/camp/location.

Any medication sent with a child must be in the original container and properly labeled with the child's name, physician's name, medication name, instructions, and dosage amounts.

All medications must be turned in to Staff upon arrival at the program. Staff will keep all prescription and non-prescription medication (OTC) in a secure place. All medication bottles and any unused medications will be taken by the family on the camper's last day of attendance.

child's Name:	Program/Camp:			
rogram Location (check one)	The Hawk Nature Cent		Founders Park	
uthorization effective for progran				
	(start da	ate) (end	(end date)	
authorize the use of		_	he program/camp.	
(name o	of prescription or OTC	medication)		
osage - Amount, When/Frequency	, and How medicatio	n taken		
ist side effects and/or special ins	structions for the me	edication (attach addition	al pages of needed)	
arent/Guardian Name:				
0 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		5	.	
arent/Guardian Signature:		Da ⁻	te:	
hysician Name:				
hysician Signature:		Da	te:	

Child's Name:								
Medication Name:	(must match medication listed on other side of form)							
Parent/Guardian Name: _		Phone:						
For staff use only	1			,				
STAFF NAME	DATE	TIME	DOSAGE	COMMENTS				
	1							

^{*}Unused medication should be returned to the parent/guardian at the end of the program/camp. Unused medication that is NOT picked up will be discarded.