

# 2010 MEDICATION ADMINISTRATION AUTHORIZATION FORM

SANDY HILL CAMP - Phone: (410) 287-5554, Fax: (410) 287-0826

This form is a "camp version" of the Maryland School Medication Administration Authorization Form required by all Maryland public schools. A completed copy of a current-year "school" form can be used in lieu of this camp form.



**This form must be completed fully in order for Sandy Hill Camp 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 (RN) will call the prescriber, as allowed by HIPAA, if a question arises about the camper and/or the camper's medication.

## Prescriber's Authorization

Name of Camper: \_\_\_\_\_

Condition for which medication is being administered: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Time/frequency of administration: \_\_\_\_\_ If PRN, frequency: \_\_\_\_\_

If PRN, for what symptoms: \_\_\_\_\_

Relevant side effects:  None expected  Specify: \_\_\_\_\_

This medication shall be administered during the summer of 2010 while this camper is attending Sandy Hill Camp unless more restrictive dates are specified here: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month / Day / Year Month / Day / Year*

Prescriber's Name/Title: \_\_\_\_\_  
*Type or Print*

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parents CANNOT sign here** - Original signature or signature stamp ONLY

(Use for Prescriber's Address Stamp)

## 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 camp. 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 medical staff and camp directors to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### *For Sandy Hill Staff Use Only*

Form Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_ Med Received by: \_\_\_\_\_ Date: \_\_\_\_\_ B L D S PRN

Med Received by: \_\_\_\_\_ Date: \_\_\_\_\_ B L D S PRN

Med Received by: \_\_\_\_\_ Date: \_\_\_\_\_ B L D S PRN

Verbal order taken by the Camp RN (Name): \_\_\_\_\_ for the above medication on (Date): \_\_\_\_\_

Other notes: