

2011 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 2011 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: