Do you have the right form? Let’s make sure...
The form on the next page is an MAA for up to 3 medications.

1) Is your camper bringing ANY medications with them to camp?
   No
   Yes

2) Are any of the medications related to asthma?
   No
   Yes

3) Can the same healthcare provider authorize all of the non-asthma-related medications?
   Yes
   No

4) Choose your MAA form(s) based on the number of medications you have and which providers can authorize each?
   1 med
   2-3 meds
   4+ meds

5a) Only one medication by a single authorized prescriber
   You can use the form on the next page, or click here for a single med form

5b) NEW two or three medications by a single authorized prescriber
   The MAA form on the next page is the correct one 😊.

5c) NEW more than three medications by a single authorized prescriber
   Save some money & use this 14-Line (2 page) MAA found at this link:

*Bringing vitamins, homeopathics, or over-the-counter medications?

OK...since your camper is not bringing ANY meds to camp, you do not need to complete any MAA forms

NEW - Complete this form for all asthma medications:
www.sandyhillcamp.com/asthma.pdf

Then, is your camper bringing any additional non-asthma medications?

STOP – no additional MAAs required

*The state of Maryland requires all medications to be accompanied by a Medication Administration Authorization (MAA) form signed by a prescriber. This applies to all types of medications including prescription, over-the-counter, vitamins, and homeopathics.

Remember that Sandy Hill stocks over 30 commonly used over-the-counter medications including ibuprofen (Motrin, Advil), acetaminophen (Tylenol), diphenhydramine (Benadryl) and many more. If your camper needs any of these on an as-needed only basis, you do not need to complete any paper medication authorization forms – you simply need to provide parental permission in your camper’s Online Health History found on their Camper Home Page.

For more information about medication at camp, please see Section 2.6 on page 7 of the Parents Handbook at
# MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

This form must be completed fully in order for youth camp operators and staff members 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 camp 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.
- Nonprescription medication must be in the original container with the instructions for use. Non prescription medication includes vitamins, homeopathic, and herbal medicines.
- An adult must bring the medication to the camp and give the medication to an adult staff member.

## Section I. PRESCRIBER’S AUTHORIZATION

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Condition Being Treated/PRN Parameters</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>OK to Self-Administer</th>
<th>OK to Self-Carry (Emerg Meds Only)</th>
<th>Emergency Medication</th>
<th>Known side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
<td>□ Yes □ No □ Not emergency med</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
<td>□ Yes □ No □ Not emergency med</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
<td>□ Yes □ No □ Not emergency med</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

4. PRESCRIBER’S NAME/TITLE

This space may be used for the Prescriber's Address Stamp

TELEPHONE  FAX

ADDRESS

CITY  STATE  ZIP CODE

5a. PRESCRIBER’S SIGNATURE (Parent/guardian cannot sign here)

(original signature or signature stamp only)

5b. DATE (mm/dd/yyyy)

## Section II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to administer the medication or to supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA

6a. PARENT/GUARDIAN SIGNATURE

6b. DATE (mm/dd/yyyy)

6c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION

6d. HOME PHONE #

6e. CELL PHONE #

6f. WORK PHONE #

## Section III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)

This section should only be completed if any medications in the Asthma Action Plan above are approved for self-administration. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I authorize self-administration of all of the medications listed in Section I above that are checked as "OK to self-administer" or "OK to self-administer and self-carry" for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated in Section I, the child named above may self-carry emergency medications checked as "OK to self-administer and self-carry."

7a. PRESCRIBER’S SIGNATURE

7b. DATE

8a. PARENT/GUARDIAN’S SIGNATURE

8b. DATE