



## Non-Prescription Medication Administration Authorization

*Over-the-counter medications will not be administered without a parent/guardian signature.*

**Camper Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade Completed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Medication	Reason/Diagnosis	Time Given	Route*	Side Effects	Able to self administer?

*\*Routes- oral (pill/capsule/chewable/liquid) - inhaled (nebulizer/inhaler) - topical (skin/ear/eye/nose) - injection (other)*

Special Instructions (i.e. take with food): \_\_\_\_\_

### Authorization of Parent/Guardian concerning the administration of all above medications by camp personnel

1. No medications will be administered without a parent/guardian signature.
2. OTC Medications must be provided in the original container.
3. Campers may only keep medications on their person if there is a prescriber's order, given to the camp, stating that a medication must remain in the child's possession at all times.
4. Any change in medication, including a change in dosage, will require a new authorization form.
5. It is the responsibility of the parent/guardian to pick up the medication at the end of the child's time at camp. Unclaimed medications will be destroyed.

I hereby permit the Summer Medical Professional or other person designated by the Summer at Emerson Director to administer medications as directed by the prescriber and/or myself to the above named camper and will not hold Emerson School, its Board of Trustees, or its personnel responsible for the complications related to the medication. I give permission for the Summer Medical Professional to communicate with my child's prescriber regarding this medication if needed.

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

*Please contact our Summer Medical Professional for questions regarding medication administration at camp:*