



Prescription Medication Administration Authorization

Michigan law requires that all prescription medication given at summer camp must be ordered by a licensed healthcare provider authorized to prescribe medication.

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): _____

Prescriber's Signature: _____ **Date:** _____

Prescriber's Printed Name/Title: _____ **Phone #** _____ **Fax #** _____

Prescriber's Address: _____

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

1. No prescription medication will be administered without a prescriber's order and signature.
2. No medications will be administered without a parent/guardian signature.
3. Prescription medications must come in the original bottle with proper labeling by the pharmacy and include: Medication name, dose, camper name, and expiration date.
4. The amount of controlled medication should be counted by the Summer Medical Professional, camp administrator, or designee along with the adult/guardian and documented at the time the medication is delivered.
5. OTC Medications must be provided in the original container.
6. 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.
7. Any change in medication, including a change in dose or the discontinuation of the medication, must be accompanied by a prescriber's order.
8. 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: