

## **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.

Prescriber's Signature:	me: _		DOB: .		_ Grade Completed: _	Date:	
Routes- oral (pill/capsule/chewable/liquid) - inhaled (nebulizer/inhaler) - topical (skin/ear/eye/special Instructions (i.e. take with food):  Prescriber's Signature:  Phone #  Date:  Prescriber's Address:  Authorization of Parent/Guardian concerning the administration of all above me  1. No prescription medication will be administered without a parent/guardian 3. Prescription medications must come in the original bottle with pharmacy and include: Medication name, dose, camper name, a 4. The amount of controlled medication should be counted by the Professional, camp administrator, or designee along with the addocumented 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 the camp, stating that a medication must remain in the child's professional, nust be accompanied by a prescriber's order. 8. It is the responsibility of the parent/guardian to pick up the medication, must be accompanied medications will be destroyed.  The permit the Summer Medical Professional or other person designated the complications related to the medication. I give permission for the Summer Medical Professional or other person designated the complications related to the medication. I give permission for the Summer Medical Professional or other person designated the complications related to the medication. I give permission for the Summer Medical Professional or other person designated the complications related to the medication. I give permission for the Summer Medical Professional or other person designated the complications related to the medication. I give permission for the Summer Medical Professional or other person designated the complications related to the medication. I give permission for the Summer Medical Professional or other person designated the complications related to the medication. I give permission for the Summer Medical Professional or other person designated the complex permission for the Summer Medic					,		
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Please contact our Summer Medical Professional for questions regarding medication administration at camp: