

NORTHBAY ADVENTURE CAMP
MEDICATION AUTHORIZATION FORM

This form **MUST BE COMPLETED FULLY** in order for NorthBay Adventure Camp to administer the required medication/s. List all medications to be taken while at camp on the form below with all the required information about each one. A new Medication Authorization Form must be completed each time there is a change in dosage or time of administration of a medication. If the student is bringing more than 4 medications use another copy of this form for the remaining medications.

- **Prescription medication** MUST be in a container labeled by the pharmacy or physician with the student's name, dosage and expiration date. At least one dose of prescription medication must be given at home prior to the student's arrival at camp.
 - Per Maryland regulation, sample medications cannot be administered to the camper.
- **Non-prescription medication** - Per Maryland regulation, all non-prescription medications that are not listed on the NorthBay Consent/Liability Release Form must be listed below followed by a physician's signature. This includes vitamins, homeopathic and herbal medications and cough/cold medications. All non-prescription medication MUST be in the original manufacturer's container labeled with the dosage instructions and the expiration date.

School/Group Name: _____ Dates at camp: _____

Student Name: _____ Date of Birth: _____

| | | | | |
|---|----------|-------------------|--------|--|
| Medication Name: | Strength | Dosage (per dose) | Route: | Reason medication is being administered: |
| Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____ | | | | |
| If PRN: every _____ hrs For what symptoms: | | | | |
| Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify | | | | |
| Medication Name: | Strength | Dosage (per dose) | Route: | Reason medication is being administered: |
| Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____ | | | | |
| If PRN: every _____ hrs For what symptoms: | | | | |
| Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify | | | | |
| Medication Name: | Strength | Dosage (per dose) | Route: | Reason medication is being administered: |
| Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____ | | | | |
| If PRN: every _____ hrs For what symptoms: | | | | |
| Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify | | | | |
| Medication Name: | Strength | Dosage (per dose) | Route: | Reason medication is being administered: |
| Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____ | | | | |
| If PRN: every _____ hrs For what symptoms: | | | | |
| Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify | | | | |

PRESCRIBER AUTHORIZATION



PRESCRIBER SIGNATURE: _____ Date: _____

Prescribers Printed Name/Title: _____ Telephone: _____ Fax: _____

PARENT/GUARDIAN AUTHORIZATION

I request that designated camp personnel administer the medication above as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication while at camp. I authorize the camp medical staff to communicate with the health care provider as allowed by state and federal law.



PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Signature of Camp RN: _____ Date: _____