

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION BY CAMP PERSONNEL

In Connecticut, licensed Camps administering medications to children shall comply with all the requirements regarding the Administration or Medications described in the CT State Statutes and Regulations. Parents/ Guardians requesting medication administration to their child from camp staff shall provide the program with appropriate written authorization(s) and the medication before and medications are administered. Medications must be in the original container and labeled with the child’s name, name of medication, directions for the medication’s administration, and the date of the prescription. All unused medication will be destroyed within one week following the camper’s departure at the end of camp.

PRACTITIONER’S ORDER

Child’s Name: _____ Allergies: _____

DOB: ___/___/___ Address: _____

Condition for which drug is being administered: _____

Drug Name, Dose, and Method of Administration: _____

Time of Administration: _____

Medication shall be administered from: _____ to: _____

Relevant side effects to be observed if any: _____

If there are side effects, plan for management: _____

Practitioner’s Name (Print or Type): _____ @ Pedi-Care

Address: **25 Constitution Blvd. South, Shelton, CT 06484** Tel: **(203)924-7334** Fax: **(203)922-0004**

Practitioner’s Signature _____ Date: ___/___/___

Child may self administer (circle one): **YES** **NO**

AUTHORIZATION BY PARENT / GUARDIAN for administration of the above medication by school personnel

To School Personnel:

I hereby request that the above medication ordered by the medical practitioner for my child, _____, be administered by school personnel. I understand that I must supply the school with the prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist and will provide no more than a 4-5 day supply of medication. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school. A picture may be taken for identifying purposes of my child.

Name (PRINT): _____ Tel: _____

Signature: _____ Relationship to Child: _____