

RPB Ukrainian Dance Camp - Prescription Medical Administration Authorization

This form must be completed fully in order for camp medical staff members to administer the required medication or the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp session for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instruction for use. Nonprescription medication includes vitamins, homeopathic and herbal medicines
- An adult must bring the medication to the camp and give the medication to a camp medical staff member.

I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME		2. DATE OF BIRTH ____/____/____ <small>Month Day Year</small>		
3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED		4. EMERGENCY MEDICATION () Yes*If yes, see Section III Below () No		
5. MEDICATION NAME	6. DOSE	7. ROUTE		
8. TIME/FREQUENCY OF ADMINISTRATION		9. IF PRN, FREQUENCY		
10. IF PRN, FOR WHAT SYMPTOMS				
11. KNOW SIDE EFFECTS SPECIFIC TO CHILD				
12. MEDICATION SHALL BE ADMINISTERED		12a. FROM ____/____/____ <small>Month Day Year</small>	12b. TO ____/____/____ <small>Month Day Year</small>	
13. PRESCRIBERS NAME/TITLE		This space may be used for the Prescriber's Address Stamp		
TELEPHONE	FAX			
ADDRESS				
CITY	STATE			ZIPCODE
14a. PRESCRIBER'S SIGNATURE (<i>Parent/guardian cannot sign here</i>) (ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)				14b. DATE

II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized camp medical staff to administer the medication or supervise the camper in self-administration if authorized as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, and adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA

15a. PARENT/GUARDIAN SIGNATURE		15b. DATE	
15c. HOME PHONE #	15d. CELL PHONE #	15e. WORK PHONE #	

III. AUTHORIZATION FOR SELF ADMINISTRATION / SELF CARRY (OPTIONAL)

This section should only be completed if this medication is approved for self-administration. Self-carry is only permitted for emergency medication such as inhalers, insulin and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I consent that the child named above is able to self-administer the medication listed. I authorize self-administration of the above listed medication for the child named above under the supervision of the authorized youth camp operator/staff member. If indicated below, the child named above may self-carry emergency medications.

16a. PRESCRIBER'S SIGNATURE <i>authorizing self-administration</i>	16b. SELF CARRY EMERGENCY MEDICATION [] YES [] NO [] N/A – Not emergency medication	16c. DATE
17a. PARENT/GUARDIAN SIGNATURE <i>authorizing self-administration</i>	17b. SELF CARRY EMERGENCY MEDICATION [] YES [] NO [] N/A – Not emergency medication	17c. DATE