

Medication Authorization Record 2021

In accordance with our policies, all campers who will or may need medications during the camp day will require a physician's signature. This is for both prescription and non-prescription medications (OTC). The medications must be in their original bottle with the pharmacist's label and will be stored and dispensed by the camp nurse. Please note: if your child has a food or insect venom allergy (i.e. bee stings) Next Level does require your child to come to camp with two (2) doses of epinephrine.

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Child's Name *Last* *First* Date of Birth

PRESCRIBER'S AUTHORIZATION

1. Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____

If PRN, for what symptoms: _____

Possible side effects: _____

2. Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____

If PRN, for what symptoms: _____

Possible side effects: _____

3. Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____

If PRN, for what symptoms: _____

Possible side effects: _____

*****If this camper will be coming with a rescue inhaler (i.e. Albuterol):**

Child may self-administer: Yes _____ No _____

The inhaler: May remain in Nurse Office ___ Must remain with camper at ALL times ___

Health Care Provider's Name (print): _____

Health Care Provider's Signature: _____

Telephone: _____ Date: _____

Address: _____

Prescriber's Stamp

