

# Medication Authorization Record 2022

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

