

FORM E – RETURN WITH FORMS A, B, C, D, F

**THIS FORM REQUIRES PHYSICIAN'S SIGNATURE
AND PARENT/GUARDIAN'S SIGNATURE
FOR PRESCRIBED MEDICATIONS**

Camper's Name: Last _____ First _____ Middle _____

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY YOUTH CAMP PERSONNEL

If a Youth Camp chooses to administer medications, the Connecticut State Law and Regulations require a physician's or dentist's written order and parent or guardian's authorization for a nurse, first aide, the director, alternate director or youth camp counselor to administer medications. Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, physician's or dentist's name and date of the original prescription.

MEDICATIONS CURRENTLY BEING TAKEN (Meds brought to camp must be in their original labeled pharmacy container.)

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #4 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

ATTACH ADDITIONAL PAGES FOR MORE MEDICATIONS.

Identify any medications taken during the school year that participant does/may not take during the summer:

AUTHORIZATION FOR LICENSED MEDICAL PERSONNEL (PHYSICIAN OR DENTIST)

The person named herein may be administered the medications indicated above. In the event the camp nurse is unavailable, camper/staff member (check one) _____ may _____ may not self-administer this medication under the supervision of camp first aid personnel.

Signature _____ Title _____

Physician or Dentist Signature

Printed _____ License # _____

Address _____ City/State/Zip _____

Telephone # _____ Date _____

AUTHORIZATION FOR PARENT/GUARDIAN

I hereby authorize the camp nurse to administer the medications indicated above as ordered by my physician and the camp physician. In the event the camp nurse is unavailable, camper/staff member (check one) _____ may _____ may not self-administer this medication under the supervision of camp first aid personnel.

Signature _____ Relationship to Child _____

Printed Name _____ Date _____

Parent/Guardian Signature