

COUNCIL POLICY ON PRESCRIPTION MEDICATION AT CAMP

To prevent problems with administration of medication, your son MUST have a medication form completed by his physician for any prescription medication. The Medication Form is printed on the reverse side of this letter. Medication will not be administered to your son unless Camp Sequassen is in receipt of this form.

PLEASE STAPLE THIS FORM TO MEDICAL FORM

Authorization for the Administration of Medications by Camp Personnel

The Connecticut State Law and Regulations require a physician's or dentist's written order and parent and/or guardian's authorization for a Camp Health Officer to administer medications, or, in their absence, Administrative Camp Staff to administer medications. Medications must be in pharmacy prepared containers and labeled with the name of the child, name of drug, strength, dosage, frequency, physician's or dentist's name and date of original prescription.

Physician or Dentist's Order:

Child's Name: _____ Date: _____
Address: _____
Date of Birth: ____/____/____
DRUG name, dosage and method of administration: _____
Condition for which drug is being administered during camp: _____
Time(s) of administration: _____
Medications shall be administered from: Date: _____ to Date: _____
Relevant side effects to be observed, if any _____
If there are side effects, plan for management: _____
Is this a controlled drug? _____ If yes, DEA Number _____
Physician/Dentist Name (Print) _____ Phone _____
Address _____
Physician or Dentist Signature _____ Date _____

Authorization by Parent and/or Guardian

To: Camp Personnel

Date ____/____/____

I hereby request that the above medication(s), ordered by the physician/dentist for my child _____ (son's name), be administered by camp personnel. I understand that I must supply the camp with the prescribed medication in the original container and properly labeled by a physician or pharmacist and will provide not more than seven (7) days supply of said medication(s).

I understand that this medication will be destroyed if it is not picked up within one week after my son leaves camp.

Parent/Guardian Name:
(Please Print) _____

Signature: _____

Relationship to child: _____