



Authorization and Permission for Administration and Possession of Medication at Camp

All medications must be delivered to the camp health office in original packaging and with physician's orders/administration plan.

Child's Name _____ Date of Birth ____/____/____

Name of Medication _____ Date of Prescription _____

Dosage: _____ Frequency and Time of Administration _____

Diagnosis _____ Discontinuation Date _____

Intended effect of medication: _____

Possible Side Effect _____

Other medications the child is receiving: _____

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the camp health officer. Children may self-administer medication only with the written authorization of an authorized prescriber and written authorization from a child's parent or guardian.

To be completed by prescribing physician

Physician Authorization for Self-Administration of Asthma Medication / Epinephrine Auto-Injector / other named medication

The child is capable and responsible for carrying and self-administering above named emergency medication. (please circle) **Yes** **No**

Licensed Prescriber Name _____ **Phone/Emergency #** _____
(printed)

(Prescriber Signature and Stamp) (Date of Signature and Order)

To be completed by Parent/Guardian

Parent/Guardian Agreement Authorizing Administration of Asthma Medication / Epinephrine Auto-Injector / other named medication (select one box below)

I agree with the prescriber statement above to authorize my child to carry and self-administer the above named medication.

I agree with the doctor statement above that my child is not capable and responsible for carrying or self-administering the above named medication and request that camp staff carry and administer this medication in an emergency. I authorize camp staff to make the determination when my child requires the administration of this medication. I recognize that while staff will carry the emergency medication on behalf of my child and that the staff will be in my child's proximity, the staff is responsible for a group of campers, not my child alone and therefore will not be directly paying attention to my child at all times.

I agree to indemnify and hold harmless Camp Beech Cliff, MDI and its employees from any claim, liability, loss or expense, including reasonable attorneys' fees, arising directly or indirectly, from my child's self-administration of the above reference medication, or undertaking by Camp Beech Cliff, MDI described in the paragraph above.

Parent/Guardian Name _____
(printed) (Signature) (Date of Signature)

To be completed by Camp Beech Cliff

Camp Beech Cliff Self-Administration Evaluation

The child is capable and responsible for carrying and self-administering above named emergency medication. (please circle) **Yes** **No**

CBC Health Officer Name _____
(printed) (Signature) (Date of Signature)