



Authorization and Permission for Administration of Emergency Medication

Camper'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 camper is receiving: _____

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

To be completed by prescribing physician

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

The camper 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 Emergency medication (select one box below)

I agree with the prescriber statement above to authorize my camper 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 further empower camp staff to make the determination when a camper requires the administration of this medication. In addition, I recognize that while camp staff will carry the emergency medication on behalf of my camper and that the staff member will be in my camper's proximity, the camp staff member may not have direct line of site to my camper at all times.

I therefore agree to indemnify and hold harmless Camp Beech Cliff, MDI and its employees from any claim, liability, loss or expense, including reasonable attorneys' fees, suffered by any of the foregoing indemnities and arise out of a claim related directly or indirectly to my son/daughter's self-administration of the above reference medication of and brought by me, any other parent/guardian of my camper or another camper, or by or on behalf of my camper or another camper.

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

To be completed by Camp Beech Cliff

Camp Beech Cliff Self-Administration Evaluation

The camper 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)