



**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION**

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/Guardians requesting medication administration to their child from camp staff shall provide the program with appropriate written authorization(s) and the medication (over-the-counter medications and vitamins **require doctor's authorization** also) before any medications are dispensed.

Medications **must be** in the original container and labeled with the child's name, name of medication, directions for medications administration, and expiration date of the prescription.

All unused medication will be destroyed if not picked up within one week following the camper's departure at the end of the camp session.

**Authorized Prescriber's Order** (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse)

Name of Child \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Medication Name \_\_\_\_\_ Controlled Drug?  Yes  No

Dosage \_\_\_\_\_ Method \_\_\_\_\_

Time of Administration:  Breakfast  Lunch  Dinner  Before Bed  Other \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Medication Administration: Start Date \_\_\_/\_\_\_/\_\_\_ Stop Date \_\_\_/\_\_\_/\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Known Food or Drug Allergies?  Yes  No Reactions to?  Yes  No Interactions with?  Yes  No

If "YES" to any of the above, please explain \_\_\_\_\_

Prescriber's Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_

**Doctor's Signature (In Ink)** \_\_\_\_\_

Doctor's authorization required for vitamins and over-the-counter medications as well as prescribed medications

**Parent/Guardian Authorization:**

I request that medication be administered to my child as described and directed above.

Name of Camp: **Nutmeg Conservatory for the Arts** Today's Date \_\_\_/\_\_\_/\_\_\_

Name of Parent/Guardian Authorizing Administration of Medication \_\_\_\_\_

Relationship to Child  Mother  Father  Guardian/Other explain \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

**Signature of Parent/Guardian (In Ink)** \_\_\_\_\_

<p><b>Name of Camp Personnel Receiving Written Authorization and Medication</b></p> <p>_____</p>
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