**Morristown Recreation**

**Medication Authorization Form**

**Camp Directors will NOT give medication to any child until this form is completed and returned to them or the Recreation Office. Please carefully read the instructions below. If these procedures are not followed we will not be able to administer any medication to your child.**

**Prescribed Medication:**

1. We must receive any prescribed medication in its original packaging and/or bottle with your child’s name on it.

2. It must identify the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

3. All information on the bottle must also match the information you fill out on the Medication Authorization Form. Place this form and medication in a zip lock bag and give to the Camp Director.

**Non-Prescribed Medication:**

1. Must be received in original packaging and/or bottle.

2. Parents must write out the dosage and frequency of administration below and place this form with original packaging in a zip lock bag and give to the Camp Director.

**Consent to Administer Medication**

**The consent to Administer Medication portion of this form is good for the summer unless there is a change in medication or dosage. The Medication Log- has to be renewed each week that medication will be given while your child is at camp. You will need to provide a new Medication Log on Mondays or the first day your child will attend camp each week with the medication. Only send enough medication for one week.**

 **Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender: M/F** **DOB:** \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Prescribing Physician** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Office Phone #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication:**

**Medication #1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dosage** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Times to be administered**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Refrigerate: Yes**\_\_\_\_ **No** \_\_\_\_\_

**Side Effects** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stop Medication if the following reactions occur:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication #2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dosage** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Times to be administered:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Refrigerate: Yes**\_\_\_\_ **No** \_\_\_\_\_

**Side Effects** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stop Medication if the following reactions occur**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication #3** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dosage** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Times to be administered:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Refrigerate: Yes**\_\_\_\_ **No** \_\_\_\_\_

**Side Effects** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stop Medication if the following reactions occur:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Log**

**Camper’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **For the week of:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consent: I hereby give permission for my child to take the below listed prescription or non-prescription medication(s), as ordered, at the Stowe Parks & Recreation Summer Camp, I give permission for this medication to be administered by the Camp Director or his/her designee.

 **Signature of Parent/Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This Section is to be filled out by the camp director each day that medication is administered:*

 **Name of Medication Dosage Time Medication Given**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | MON | TUES | WED | THURS | FRI |
| **1.** |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |