NATIONAL PRESBYTERIAN SCHOOL

SUMMER CAMP MEDICATION AUTHORIZATION FORM 2019

Please take this form to your child's healthcare provider for completion. Use a separate form for each prescription or over-the-counter medication.

Medications, both prescription and non-prescription ("over-the-counter") will be administered only with authorization by a licensed healthcare provider (physician, nurse practitioner, or dentist) and written consent from the parent/guardian. The parent/guardian is responsible for obtaining the authorization of the healthcare provider as well as providing the specific medication to be administered to the Camp. All information and supplies needed for the proper administration of the medication and a current form must be on file at the Camp. We suggest that parents obtain this authorization at the time of the annual physical and/or prior to the start of each school year. Medication requests must be renewed annually. Any changes to dosage or frequency require a new form including the signature of the healthcare provider.

Medication Authorization/Physician's Order
(To be completed by the Physician/Licensed Health Care Provider)

Student Name: _____ **Grade:** _____ **Date of Birth:** _____ **Gender:** M F

Date of Order: _____ **Order Expires** (check one): ☐ End of Summer ☐ ____/____/____

Allergies: _____

Name of Medication: _____ **Dose:** _____ **Route:** _____

Time to Give Medication: _____ **Frequency of Medication** (if "as needed"): _____

Reason for Medication: _____

Possible Side Effects: _____

Student may carry and self-administer emergency medication: ☐ Yes ☐ No

Physician/Healthcare Provider Name (please print): _____

Physician/Healthcare Provider Signature: _____

Physician/Healthcare Provider Telephone Number: _____

I/We hereby give permission for _____ to take the medication described above at Camp as ordered by his/her physician/healthcare provided identified above. I/We understand that it is my/our responsibility to furnish the medication and any authorized refills. I/We further understand that Summer Horizons Camp at National Presbyterian School, its officers, agents and/or any employee who administers any medication to my/our child, in accordance with written instructions from the prescribing licensed healthcare provider shall not be liable for damages as a result of an adverse drug reaction or any other injury suffered by my/our child due to the administration or failure to provide the drug. Summer Horizons Camp at National Presbyterian School reserves the right to not administer medication should circumstances warrant such actions. I/We understand that the medication must be brought to the Camp in the pharmacy labeled container (prescription) or original packaging (over-the-counter) by me/us. Pharmacy labels should not be altered and must include the child's full name and date of birth.

Name of Parent/Guardian (please print): _____

Signature of Parent: _____ Date: _____

Office Use Only:
□ Pharmacy label & Physician/Licensed health care provider orders match
□ Orders signed by Physician/Licensed health care provider & Parent/Guardian

CMT Signature: _____ Date: _____