

## **Authorization for the Administration of Medication**

In Connecticut licensed youth camps, administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the camp with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with the child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescrib	Jer's Oruer									
Name of Child			I	Date of B	irth/_	/	_Today's l	Date	_/	_/
Address of Child					Tov	/n				
Medication Name/Ge	Controlled Drug?									
Condition for which	drug is being adı	ninistered:								
Specific Instructions	of Medication A	dministration _								
Dosage	Method		Time o	f Admin	stration		If PRN	N, freque	ency _	
Medication shall be a	ndministered:	Start Date_	/	/	Stop Date	/	/			
Relevant Side Effect	s of Medication_								None	Expected
Explain any allergies	, reaction to/neg	ative interactio	n with foo	d or drug	S					
Plan of Management	for Side Effects									
Prescriber's Name/Ti	tle				Ph	one Nun	nber (	_)		
Prescriber's Address						To	wn			
Prescribers Signature	<u>,                                      </u>						Date	/		_/
Parent/ Guardian A	uthorization:									
I request that me emergency medication		•								exception
Name of Parent/Guar	rdian Authorizin	g Administration	on of Medi	cation as	described a	nd direct	ted above:			
Name (printed)				Sign	nature					
Relationship to Child	<u> </u>			Date						
Address				T	own			State	e	
Home Phone # (	)	Work Pho	ne # (	_)		Cell P	hone # (	)		
Is this Medication to	be self-administe	ered by the chil	ld? [	YES	s 🗌 no					
If Yes, Prescriber's a	uthorization for	self-administra	tion (signa	ture/date	)					
If Yes, Parent/Guard										
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Today's Date\_\_\_\_\_Title/ Position\_\_\_\_\_Signature (in ink) \_\_\_\_\_