AUTHORIATION FOR THE ADMINISTRATION OF MEDICINES BY CAMP PERSONNEL

FOR ALL MEDICATIONS INCLUDING OVER THE COUNTER ALLERY, MOTRIN, TYLENOL, BENADRYL, AND VITAMINS REQUIRE A DOCTORS SIGNATURE.

The Connecticut Law and Regulations require a physician's or dentist's written order and parent or guardian's authorization for a nurse to administer medication or in the nurse's absence, a designated adult to administer medications. Medications must be in a pharmacy prepared container and labeled with name of child, name of drug, strength, dosage, frequency, physician's or dentist's name and date of original prescription.

PHYSICIAN'S OR DENTIST'S ORDER

NAME OF CHILD_____DATE_____

ADDRESS _____DATE OF BIRTH _____

DRUG: Name, does and method of administration_____
Condition for which drug is being administered _____
Administered From (date) _____to (date) _____
Relevant side effects to be observed, if any _____
If there are side effects, plan for management _____
Is this a controlled drug?_____ If yes, DEA number _____

Physician's or Dentist's name_____ (type or print)

Address _____Phone ( ) ____-_____

Physician's or Dentist's Signature_____ Date _____

AUTHORIZATION BY PARENT OR GUARDIAN for the administration of the above medication by TIDAL RIVER CHRISTIAN CAMP PERSONNEL:

Date: _____

TO CAMP PERSONNEL:
I hereby request that the above medication, ordered by the physician/dentist for my child _____, be administered by camp personnel. I understand that I must supply the camp with the prescribed medication in the original container, dispensed and properly labeled by a physician or pharmacist and will provide no more than a fourteen-day supply of said medication. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond close of camp.

Name _____ (Type or Print)

Signature: _____ Relationship to child: _____

Address: _____ Phone: _____

(TRCC Prescription Med Form 2-19)