

## Authorization for the Administration of Medicine Camp Policy

- ❖ **Authorization form** must be completed in its entirety to be accepted and compliant for use. The authorization form attached is the form we must have on hand. We are required to make sure it states that Youth Camp Personnel is Authorized for the Administration of Medication. (please make sure it is signed and dated by the physician and parent)
- ❖ **Plan of Action** - we need to have on file a plan of action for all inhalers and epi-pens from your loved one's physician that is signed and dated by the physician and parent.
- ❖ When dropping off medication to nurse for camp, medication will only be accepted if it is in its original prescription bottle/box packaging. For example, inhalers must be in the box with the label present from the pharmacy. Medications must not be expired as well.
- ❖ A child can only self-administer medication if the bottom portion of the form is signed by both the physician and parent in the self-administration section.
- ❖ When dropping off your camper for their first day of camp, the child must be accompanied by an adult into the office to review that the medication and paperwork are correct and compliant with state regulations followed by this camp. **Campers will be sent home if there is something missing with paperwork or the medication.** We suggest coming in prior to the first day with all documentation and medication to hopefully avoid having to turn your loved one away. We are here to help and want to ensure a positive experience with all forms, medications and documentation. Campers will be able to return to camp immediately once everything is in order if there is an issue.
- ❖ **No refund will be provided for loss of camp due to incomplete forms and medication not properly labeled.**
- ❖ If you have any questions staff is available to help you navigate so you will be all set for your loved ones first day of camp. The earlier you turn in your forms we will be able to better help you navigate anything else that is needed.

I have read and understand the Authorization for the Administration of Medicine Camp Policy for Girls Inc. I agree to the terms above as stated.

Childs Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_