

MEDICATION AUTHORIZATION

Please complete if your child must self administer medication at their camp site. The Town of Clifton Park Summer Recreation Program is a day camp and **camp staff are not allowed to dispense medication** (with the exception of epi-pens). Only diabetic medication, inhalers and other allergy medications are allowed to be bought in by campers.

THE FOLLOWING SECTION IS TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

Child's Full Name: _____

PHYSICIAN'S INFORMATION

Name

Address

Phone

My child has permission to:

____ carry his/her medication to camp

____ have medication available at camp (parent/guardian must deliver and bring medicine home daily)

____ my child has been trained to self-administer his/her medication

Parent/Guardian Signature

Date

Home Phone

Emergency Phone

THE FOLLOWING IS TO BE COMPLETED AND SIGNED BY THE PHYSICIAN

Name of Medication: _____ Form: _____ Dose: _____

Has child been trained to self administer? YES _____ NO _____ If medicine is to be taken "WHEN NEEDED" describe indications: _____

How soon can medication be repeated? _____

List significant side effects: _____

Other information: _____

Expiration Date of Medication: _____

Physician's Signature

Physician's Name (please print)

Date

The following is for office use only:

Demonstration of self-administration: ____YES ____NO

Signature of Health Director

Date