2019 Medication Authorization Form

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 brought 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 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*