

Medication Authorization

Are any Medications (prescription or non-prescription) given to the camper during camp hours?

(Between approximately 9:30am and 3pm) YES _____ NO _____

If you answered YES, you **MUST** complete this form ~ with appropriate signatures (ie. Your doctor must sign for prescription medications / parent/guardian must sign at the bottom for prescription or non-prescription)

****ONLY LIST ONE MEDICATION PER PAGE****

Also, a new page *MUST* be completed each time the medication is changed.

If you take more than one medication, please make copies of this blank sheet or call us for more!

**ALL MEDICINES MUST BE IN THE ORIGINAL CONTAINER WHEN BROUGHT TO CAMP
~ NO EXCEPTIONS ~**

Administration of medication by camp personnel

_____ is under my care & should receive:
Printed name of camper

Name of Medication: _____ Prescription _____ Non-prescription (over the counter) _____

Dosage/Amount to be given: _____ Route/how taken: _____

Time to be given: _____

Specific Instructions for Administration of medication (ie crushing, given with food): _____

Possible Side Effects of Medication: _____

Expiration of this Request: _____

Medical Reason for this medication: _____

Physician's signature is required if above medication is a prescribed medication

_____ M.D.
Date Signature of Physician

(_____) _____
Physician's telephone number Printed Name of Physician

I hereby request and give my permission to the Site Director and/or assigned delegate to administer the above indicated medication to my child/adult. Please regard my signature below as my assurance that I release the Roman Catholic Diocese of Cleveland, Bishop of the Roman Catholic Diocese of Cleveland, Secretariat for Catholic Charities Health and Human Services, Disability Services, Camp Happiness St. Augustine, Center for Pastoral Leadership, OLA/ St. Joseph Center and Parmadale Officers or employees from any liability or damages resulting from the consequences of any adverse reactions of our child's/adult taking or failing to take this medication at the times prescribed. **I also agree to keep the camp informed in writing of any revision in the physician's prescription.** I have had the opportunity to ask any questions. They have been fully answered to my satisfaction.

Parent/Guardian must sign whether above medication is prescription or non-prescription



_____ Date

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian