

Applicant's Name

Birth Date

Healthcare Provider Name

# Medication Authorization

Please list all medications to be administered at camp, including any routine prescriptions and over-the-counter medications (e.g., allergy medications or melatonin for sleep).



Medication Name	Dose	Instructions	Emergency?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I, (print name) \_\_\_\_\_, give permission for the camp health staff to administer the medications listed above to the camper named above. I understand that medications cannot be administered without a doctor's signature or order. Furthermore, I acknowledge that only the specified dosage of the listed medications will be given, and all medications must be brought to camp in their original containers, labeled with my camper's name, dosage, and instructions. Permission for my camper to carry and/or self-administer emergency medications requires completion of the separate "Emergency Medication Authorization" form by both myself and my camper's healthcare provider.

Parent/Guardian Name:	Signature	Date
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### Physician Authorization:

I authorize the administration of the medications listed above as prescribed for the camper.

Doctor's Name:	Signature	Date	Phone #:
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### Please note:

- All medications administered at camp must have a signed physician's order.
- Medications must be brought in their original prescription bottles, clearly labeled with the correct medication name, dosage, and instructions. If the information on the bottle does not match the physician's order, the medication will NOT be administered.

All medications will be administered by the camp nurse unless:

- The medication is an emergency medication, AND
- A signed "Emergency Medication Authorization" form has been submitted

All forms should be in by **July 31st** and should be uploaded to your CampDoc digital application or mailed to: The Kita Center, PO Box 238, North Berwick, ME 03906