



Return Completed Form To:
 Camp MOE 314 Main Street
 Torrington, CT 06790
 860-618-2800
 Sept – Jun 15 Fax: 860-489-2492
 Jun 16 – Aug Fax: 860-618-2799

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

If a Youth Camp chooses to administer medications, the Connecticut State Law and Regulations require an authorized prescriber (M.D., P.A., APRN) or dentist's written order and parent or guardian's authorization for nurse or camp personnel with current Medication Administration Training to administer medications. Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, authorized prescriber or dentist's name and date of the original prescription. Over the counter medication must be in the original container and labeled with the child's name.

PRESCRIBER'S AUTHORIZATION

Name of camper: _____ Date of birth: _____

Address: _____ City/Town: _____

Condition for which drug is being administered: _____

Drug Name: _____ Dose: _____ Route: _____

Time of administration: _____ Frequency, if PRN: _____

Relevant side effects [] NO [] YES (Specify): _____

ALLERGIES [] NO [] YES (Specify): _____

Medication shall be administered from _____ to _____
 Month/Day/Year Month/Day/Year

Prescriber's Name & Title: _____

(Type or print)

Telephone: _____ Fax: _____

Address: _____

Use for Prescriber's Stamp



Prescriber's Signature: _____ Date: _____

PARENT/ GUARDIAN AUTHORIZATION

I hereby request that the above ordered medication be administered by camp personnel. All medications must be picked up from camp when the physicians order is no longer applicable. All medications not picked up by the last day of your child's session will be discarded, unless special arrangements are made. I grant permission for the camp nurse to exchange information with this prescriber regarding the administration of this medication.

Parent/Guardian Signature: _____ Date: _____

Parent home phone number: _____ Work number: _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self administration of medication may be authorized by the prescriber and parent/guardian

Prescriber's authorization for self administration: [] Yes [] No _____

Parent/Guardian authorization for self administration: [] Yes [] No _____



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Medication Administration – Parent Instructions

Dear Parent/Guardian,

Medication Administration forms should be sent directly to Camp MOE starting June 15th
Fax: (860)618-2799
Phone: (860)618-2800

- If your child will need a prescription or over the counter medication while at camp, a Medication Administration form must be completed by the child's physician or dentist, and signed by a parent or guardian.
- A Medication Administration form must be filled out for each medication - only one medication per form.
- Medication should be given at home if possible as most medications, including antibiotics, can be spread out over a 24-hour period.
- All medications must be delivered to a counselor by a parent or other responsible adult. Children must not deliver medications.
- All medications must be delivered in the original container and labeled with: name of child, date of original prescription, name of drug, strength, dosage, frequency, physician or dentist's name. Over the counter prescriptions must be in the original container and labeled with the child's name.



*These are examples of unlabeled medications, which would **NOT** be accepted at camp.

*If the original box cannot be supplied to camp, please ask your pharmacist to print labels to adhere directly to the medication.

- All medications must be picked up from camp when the physicians order is no longer applicable. All medications not picked up by the last day of your child's session will be discarded, unless special arrangements are made.
- If there are any questions, please contact Stephanie Renzullo at 860-482-9364, ext. 200, or at the start of camp you can speak to the healthcare professional at 860-601-6529.