

Administration of Medication Form

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse)

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medication Name \_\_\_\_\_ Controlled Drug? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Dosage \_\_\_\_\_ Method \_\_\_\_\_ Time of Administration \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Medication Administration: Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Stop Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Known Food or Drug: Allergies? YES / NO Reactions to? YES / NO Interactions with? YES / NO

If "Yes" to any of the above, please explain \_\_\_\_\_

Prescriber's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_

Child may self-administer the prescribed medication as directed

Prescriber's Signature \_\_\_\_\_

**Parent/ Guardian Authorization:**

I request that medication be self-administered to my child as described and directed above.

Name of Camp \_\_\_\_\_ Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Name \_\_\_\_\_ Address \_\_\_\_\_ Town \_\_\_\_\_

Name of Parent/Guardian Authorizing Administration of Medication \_\_\_\_\_

Relationship to Child: \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian/ Other Explain: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of Parent/ Guardian Authorizing Administration of Medication \_\_\_\_\_

**SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the camp trainer in accordance with board policy. In a camp, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization: Yes  No  \_\_\_\_\_

Signature

Date

Parent/Guardian authorization: Yes  No  \_\_\_\_\_

Signature

Date

**Name of Camp Personnel Receiving Written Authorization and Medication** \_\_\_\_\_

**Title/ Position** \_\_\_\_\_ **Signature (in ink)** \_\_\_\_\_

## **Important Information Regarding the Administration of Medication**

In accordance with the Department of Public Health of the State of Connecticut, eCamps Inc. has written policy regarding the administration of medication. Our summer programs limit medication usage to camper self administration (of a school age). Our program will keep the proper documentation on file. If your child brings to camp an Epi-Pen, inhaler or other prescribed oral or topical medication, or a non-prescribed (over-the-counter) oral or topical medication that may need to be provided, camper must be able to self-administer.

Please complete and return the following forms:

Health Record and Release Form

Self-Administration of Medication Form

Be sure to read the Administration of Medication Policy below.

### **Administration of Medication Policy**

eCamps Summer Programs will keep on file the following information:

Prescribed inhalers, Epi-Pens or other medications with parents' consent and a doctor's signature.

Non-prescription oral medications with parent's consent and a doctor's signature

**A separate authorization form is needed for each individual medication brought to camp**, and each requires both a parent's and a doctor's signature.

### **Parents Responsibilities**

It is the parent's responsibility to inform program staff upon registration that their child has a prescribed inhaler, epi-pen, or other medication. The medication must be maintained privately in the child's bag so as to be inaccessible to other children. Medication forms are required to be signed by parent and physician before the program starts.

Form must include:

The child's name, address, and birth date

The medication name

The prescribed dose

The method of which it will be self-administered (oral, topical, Epi-pen, etc)

The time to be self-administered

The side effects

The prescriber's name and address

Medications must be in their original container and clearly labeled.

**Staff Responsibilities**

Medication will be self-administered by camper, but under close supervision by a staff member. Parents shall be notified of any administration errors by telephone. The error will be documented in the child's camp record.

Staff will keep accurate documentation of all medications administered by completing the proper paper work, which will be kept in the program director's files. Individual administration records shall include:

The date the medication was administered.

The time it was administered

The dose that was administered

Any comments

If you have any questions about the administration of medication during camp, please contact the Program Directors.

I have read and understood the above policy put forth by eCamps Summer Programs regarding the selfadministration of my camper's medication.

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Parent Signature Date