



**LAZY ACRES DAY CAMP – MEDICATION AUTHORIZATION**  
**Authorization for Administration of Medication by Lazy Acres Staff Member**

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

This form must accompany any medication drop-off for campers.

Medications must be in the original container and labeled with the child's name, name of the medication, medication administration directions, and prescription date. Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse, or Podiatrist):

(PLEASE PRINT)

**Name of Child** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medication Name/Generic** \_\_\_\_\_ **Controlled Drugs?** Y or N

**Condition for which drug is being administered:** \_\_\_\_\_

**Specific Instructions for Medication Administration:** (If necessary, use back)

**Dosage** \_\_\_\_\_ **Method/Route** \_\_\_\_\_ **Time of Administration** \_\_\_\_\_ **If PRN, frequency** \_\_\_\_\_

**Medication shall be administered:** **Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

If Medication is an EPI-PEN or an Inhaler - I give permission to a Lazy Acres Staff member to carry said medication in the group's backpack and administer it as needed. Initial's \_\_\_\_\_

**Parent/Guardian Authorization**

I request medication be administered to my child/student as described and directed above. I hereby request that Lazy Acres Staff administer the above-ordered medication.

I have administered at least one dose of the medication, except emergency medications, to my child/camper without adverse effects. (For child care only)



Signature \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_