



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** ____/____/____