

Authorization for Self Administration of Medication by Camper

The Bulldog Rowing Camp does not dispense any medications to campers. Campers who need to take prescription or over the counter medication must come to camp with authorization of self-administration of medication from both the parents and a physician.

Medications must be in the original container and labeled with child’s name, name of medication, directions for medication’s administration, and the date of the prescription. All medications must be given to the head camp counselor who will keep them in a locked box in his or her room. Campers must come to the head counselor to access their medications. All unused medication will 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 _____

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

If “yes” to any of the above, please explain _____

Prescriber’s Name _____ Phone Number () _____

Prescriber’s Address _____ Town _____

Prescriber’s Signature _____

Authorization for self administration of medication:
I authorize _____ to self administer medication. The camper has been taught proper administration of this medication.

Prescriber’s Signature _____

Parent/Guardian Authorization for Self Administration of Medication:

I request that my child can self medicate as described and directed above.

Name of Camp _____ Today’s Date ___/___/___

Child’s Name _____ Address _____ Town _____

Name of Parent/Guardian Authorizing self administration of medication _____

Relationship to Child : Mother ___ Father ___ Guardian/Other explain: _____

Address _____ Town _____ Phone _____

Signature of Parent/Guardian Authorizing Self Administration of Medication: _____

Name of Camp Personnel Receiving Written Authorization and Medication: _____

Title/Position _____ Signature (in ink) _____