



## MEDICATION AUTHORIZATION FORM

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF VISIT: \_\_\_\_\_

To Whom It May Concern:

### PARENT AUTHORIZATION TO ADMINISTER MEDICATION AT CAMP SELF CARRY/SELF ADMINISTER

I hereby authorize camp staff to administer the medication described below to my child.

I, \_\_\_\_\_ (Name of parent) authorize my child to self-carry as well as self-administer their inhaler while at camp.

I understand that the camp staff will administer only the medication described below. If the prescription is changed, a new form for parental consent and a new physician's order must be completed before the camp staff can administer the new medication.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HEALTHCARE PROVIDER AUTHORIZATION TO ADMINISTER MEDICATION AT CAMP AND SELF-CARRY/SELF-ADMINISTER

As of \_\_\_\_\_ (date) the following medication \_\_\_\_\_ has been prescribed for \_\_\_\_\_ (patient name)

In my opinion, this medication is necessary while at camp.

Medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Symptoms: \_\_\_\_\_  
Time: \_\_\_\_\_  
Common side effects can include: \_\_\_\_\_

In my opinion, \_\_\_\_\_ (patient name) can self-carry and self-administer their inhaler while at camp.

From the office of:

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_  
Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

CLINIC  
STAMP