

Please note:

The following pages titled, **“Medication Authorization for Emergency Medications”**,

do NOT need to be filled out and returned to the camp office UNLESS you plan to send some type of medication to camp for your child. These documents are only used for campers who have medication needs.

If your child will be bringing an Epi-pen, please use the **MEDICATION AUTHORIZATION FORM FOR EMERGENCY MEDICATIONS**. If also bringing Benadryl (or another antihistamine) with the Epi-pen, please use a separate form for each of the two medications.

If your child will be bringing an Inhaler, please use both the **MEDICATION AUTHORIZATION FORM FOR EMERGENCY MEDICATIONS** and the **ASTHMA ACTION PLAN**. These forms can be found on the Registration page of the website under the table titled “Forms”.

You must submit a Medication Authorization form for EACH different medication the child will be bringing to camp.

**MEDICATION AUTHORIZATION
FOR EMERGENCY MEDICATIONS
(EPI-PENS & EMERGENCY INHALERS)**

IT'S ALL FUN & GAMES, LLC 1810 Valleybrook Dr Kingsville MD 21087

This form must be completed fully in order for your child to have or receive EMERGENCY MEDICATIONS (such as Epi-pens & Emergency Inhalers) at camp. We must have specific directions for each medication AND self-administration authorization (except for Emergency Medications) from a physician which includes a physician's signature AND a parent signature. It is required that the first dose of any medication (except for Emergency Medications) be administered at home. All medications must be self-administered by the camper (except for Emergency Medications); including the ability to determine the correct amount and requires Authorization for Self-Administration/Signatures from both a parent and a physician. A responsible camp staff person will observe and supervise the child during the process of self-administration. If you do not feel the child can self-administer medication, the medication can NOT be brought to camp.

We do not supply any over-the-counter medications. You MUST send medication to camp in the original or a duplicate box or bottle with the current prescription label on the container, accompanied by this completed form. (Upon request, pharmacists will label containers that can be used.) HAVE YOUR PHYSICIAN COMPLETE THIS FORM AND SIGN IT AT THE BOTTOM. YOU MUST ALSO SIGN THIS FORM. This form should be submitted to the camp office in advance of your child's arrival and prior to the arrival of the medication.

All medications (including Emergency Medications) must be dropped off in the CAMP OFFICE immediately upon arrival of camper!

PHYSICIAN'S INSTRUCTIONS FOR MEDICATION AT CAMP

Name of Camper _____ D.O.B. _____

Camper Address _____

Parents Primary Phone _____ Parent's Alternate Phone _____

Date of Commencement _____ Date of Discontinuation _____

Medication Name _____ Medication Dosage _____

Frequency of Administration _____ Route of Administration _____

If PRN, the frequency and for what symptoms should the medication be administered _____

This medication is to be used for emergency situations Y N

Condition for which medication is being administered _____

If side effects or a reaction can be expected, please describe _____

Please PRINT below the Physician's / Prescriber's Name, Title, Address, Phone Number and Fax Number:

Physician's / Prescriber's Signature _____ Date _____

Parent's Signature _____ Date _____

AUTHORIZATION FOR SELF-ADMINISTRATION

I authorize self-administration of the medication listed above, for the child named above, under the supervision of a designated staff member at It's All Fun & Games, LLC. I request the authorized youth camp operator or designated staff member at It's All Fun & Games, LLC, supervise the camper in self-administration as prescribed above by the authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including self-administration of the medication at the facility. I understand at the end of the authorized period, an authorized individual must pick up the medication; otherwise it will be discarded. I authorize camp personnel to communicate with the authorized prescriber indicated on this form in compliance with HIPAA.

Physician's / Prescriber's Signature _____ Date _____

Parent's Signature _____ Date _____

MEDICATION FINAL DISPOSITION
IT'S ALL FUN & GAMES, LLC 1810 Valleybrook Dr Kingsville MD 21087

Parents, please complete only the Camper Information section of this page!

CAMPER INFORMATION

Name of Camper _____ D.O.B. _____

Camper Address _____

Parent / Guardian's Primary Phone

Parent/Guardian's Alternate Phone

The bottom of this page is for camp staff use only.

Parents, please leave the following bottom section BLANK:

CAMP STAFF: COMPLETE AT END OF SESSION

1) Name of Medication (Listed on Reverse) _____

2) Date of Final Disposition of Medication Listed on Reverse _____

3) This medication was returned to the parent or guardian (Circle one) Y N (If No, skip Items #4 & #5, then go to #6)

4) Name of the person to whom the medication was returned _____

5) Name of the Camp Staff Member who returned the medication _____

6) Signature of the Camp Staff Member responsible for returning or destroying the medication

_____ Date _____

7) Signature of the Person Witnessing the Destruction of the Medication

_____ Date _____