



# SOUTH BURLINGTON RECREATION & PARKS DEPARTMENT

## MEDICATION AUTHORIZATION 2010

*Camp directors will give no medication until this form is completed and returned to them. Please carefully read the instructions below. If these procedures are not followed we will not be able to administer any medication to your child.*

**PRESCRIPTION MEDICATION:**

1. We must receive any prescribed medication in its original packaging and/or bottle with your child's name on it.
2. It must identify the prescribing physician, the name of the medication, the dosage, and the frequency of administration.
3. All information on the bottle must also match the information that you fill out below. Place this form and medication in a zip lock bag and give to the Camp Director.

**NON-PRESCRIPTION MEDICATION:**

1. Must be received in original packaging and/or bottle.
2. Parents must write out the dosage and frequency of administration below and place this form with original packaging in a zip lock bag. Give to Camp Director.

### Consent to Administer Medication

**The top half of this form is good for the summer, unless there is a change in medication or dosage. The bottom half- the Medication Log, has to be renewed each session that medication will be given while your child is at camp. You will be given a new Medication Log on Fridays to be returned on Monday with the medication. Only send enough medication for one week.**

Child's Name: \_\_\_\_\_ Gender: M F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Prescribing Physician \_\_\_\_\_ Office Phone # \_\_\_\_\_

**Medication:**

**Medication #1** \_\_\_\_\_ Dosage \_\_\_\_\_  
 Times to be administered: \_\_\_\_\_ Refrigerate: Yes \_\_\_ No \_\_\_  
 Side effects \_\_\_\_\_  
 Stop medication if the following reactions occur: \_\_\_\_\_

**Medication #2** \_\_\_\_\_ Dosage \_\_\_\_\_  
 Times to be administered: \_\_\_\_\_ Refrigerate: Yes \_\_\_ No \_\_\_  
 Side effects \_\_\_\_\_  
 Stop medication if the following reactions occur: \_\_\_\_\_

**Medication #3** \_\_\_\_\_ Dosage \_\_\_\_\_  
 Times to be administered: \_\_\_\_\_ Refrigerate: Yes \_\_\_ No \_\_\_  
 Side effects \_\_\_\_\_  
 Stop medication if the following reactions occur: \_\_\_\_\_

### Medication Log

**Campers Name:** \_\_\_\_\_ **For the week of:** \_\_\_\_\_

*I hereby give permission for my child to take the below listed prescription or non-prescription medication(s), as ordered, at the South Burlington Recreation & Parks Department's Summer Camp. I give permission for this medication to be administered by the Camp Director or his/her designee.*

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Name of Medication	Dosage	Time Medication Given (filled out by Camp)				
		MON	TUE	WED	THUR	FRI
1.						
2.						
3.						