



2019 SCARSDALE DAY CAMP MEDICATION AUTHORIZATION

◆ **Submit this form to your child's camp office on their first day of camp** ◆

In accordance with the Nurse Practice Act and the State Education Law, camp personnel may not dispense medication – whether prescribed or over-the-counter – to a camper unless it is authorized by the camper's parents **and** their physician.

This form allows the camp EMT and administrative staff to store your child's medication and to supervise your child in self-administration of their own medication. Please complete a separate form for each individual medication and submit it with your child's medication in its original container to the camp office.

Note: Emergency medication (e.g. EpiPen, Benadryl, albuterol inhaler) may be carried by your child instead of being stored in the camp office.

► **This portion must be completed by your child's physician.**

Date ____/____/____

_____ is to receive _____
child's name medication

for _____
indication

Dose _____ Route _____ PRN or Frequency _____

Notes _____

Physician's name _____ Signature _____

Phone (____) _____ - _____ Address _____

Date ____/____/____

I hereby grant permission to the camp EMT and administrative staff to store and to supervise the self-administration of my child's medication as detailed below by our physician.

Child's name _____ Grade in Sept. _____

Address _____

Parents' names _____

Mother's cell (____) _____ - _____ Home (____) _____ - _____ Work (____) _____ - _____

Father's cell (____) _____ - _____ Home (____) _____ - _____ Work (____) _____ - _____

Emergency Contact Person _____ Phone (____) _____ - _____

Check all that apply:

- I would like my child to **carry** their EpiPen / Benadryl / inhaler (circle one) at all times.
- I would like my child's EpiPen / Benadryl / inhaler (circle one) to be **stored** in the camp office.
- I am providing a second EpiPen / Benadryl / inhaler (circle one) to be **stored** in the pool office.

(Please photocopy this form to attach to the second set of medication for the pool office)

Parent's signature _____