RAY REID SOCCER SCHOOL
AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATIONS
BY YOUTH CAMP PERSONNEL – BRING ON FIRST DAY OF CAMP

If a Youth Camp chooses to administer medications, the Connecticut State Law and Regulations require an authorized prescriber (M.D., P.A, APRN) or dentist's written order and parent or guardian's authorization for camp personnel with current Medication Administration Training to administer medications. Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, authorized prescriber or dentist's name and date of the original prescription. Over the counter medication must be in the original container and labeled with the child's name.

AUTHORIZED PRESCRIBER OR DENTIST'S ORDER DATE: _____/_____/_____

Name of Camper_____ Date of Birth _____/_____/_____

Street Address_____ City/Town_____ State _____

1) Medication (Name of Drug, dose, and method of administration)_____

Is this a controlled drug?_____

Times of Administration: Breakfast Lunch Dinner Bedtime As Needed Other:_____

Condition for which medication is being administered during camp hours_____

2) Medication (Name of Drug, dose, and method of administration)_____

Is this a controlled drug?_____

Times of Administration: Breakfast Lunch Dinner Bedtime As Needed Other:_____

Condition for which medication is being administered during camp hours_____

3) Medication (Name of Drug, dose, and method of administration)_____

Is this a controlled drug?_____

Times of Administration: Breakfast Lunch Dinner Bedtime As Needed Other:_____

***Allergies, reaction to, or negative interaction with food or drugs**? If YES, explain/list on back_____

Authorization by Parent/Guardian for the administration of the above medication:

I hereby request that the above medication, ordered by the authorized prescriber/dentist for my child be administered by the camp personnel with current Medication Administration Training.

I understand that I must supply the Ray Reid Soccer School with the prescribed medication in the original container dispensed and properly labeled by an authorized prescriber, dentist, or pharmacist. Over the counter medication shall be in the original container labeled by the parent with the child's name.

I understand that this medication will be destroyed if it is not picked up within one (1) week following termination of the order/camp.

Parent/Guardian Name_____Relationship_____

Phone (_____)_____ Signature_____ Date_____

Authorization/Approval for Self-Administration of Inhaler and/or EPI Pen ONLY:

The Inhaler and/or EPI Pen **must be individually labeled and must have the pharmacy label on the actual inhaler and/or EPI Pen.** Inhalers and/or EPI Pens may be carried in camper's backpack. Back Packs MUST be marked with a visible tag**.** Self-administration of medication may be authorized by the prescriber and parent/guardian approval.

Prescriber's authorization for self-administration and possession of Inhaler and/or EPI Pen:

Yes No _____
Signature Date

Parent/Guardian's authorization/approval for self-administration and possession of Inhaler and/or EPI Pen:

Yes No _____
Signature Date

***Authorization by Prescriber for administration of above medication (form must be signed by Prescriber):**

Prescriber's or Dentist's name_____ Phone # (_____)_____

Street Address_____City/Town_____State_____

Prescriber's Signature_____Date_____