

**MACON CREEK SUMMER ARTS CAMP**  
**AUTHORIZATION FOR MEDICATION/TREATMENT**

Date Received:  
\_\_\_\_\_

***Macon Creek must have written authorization for a camper to take any medication while at summer arts camp.***

Camper Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

***To be completed by the Physician or Authorized Prescriber:***

Name of medication: \_\_\_\_\_

Reason for medication (optional): \_\_\_\_\_

Form of medication/treatment:

Tablet/capsule     Liquid     Inhaler     Nebulizer     Injection     Glucometer     Other: \_\_\_\_\_

Instructions (schedule and dose to be taken at camp):

Route of Medication (Oral, etc.): \_\_\_\_\_

Start:     Date form received                      Other dates: \_\_\_\_\_

Stop:     Last date of camp                              Other date/duration: \_\_\_\_\_

For episodic/emergency events only

Restrictions and/or important side effects:     None anticipated                       Yes. Please describe:

Special storage requirements:                       None                       Refrigerate

Other: \_\_\_\_\_

This camper may carry an inhaler (*applicable to all students*):     No                       Yes

This camper may carry an EpiPen (*applicable to all students*):     No                       Yes

This camper may carry this medication (*applicable to high school students, with the exception of inhalers and EpiPens*):     No                       Yes

This camper is both capable and responsible for self-administering this medication (*applicable to high school students only, with the exception of inhalers and EpiPens*):     No                       Yes—supervised                       Yes—unsupervised

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_

***To Be Completed by Parent/Guardian:***

I request that (*check appropriate direction below*):

- Camp personnel store and administer the medication to the above-named student as prescribed, which shall be done in the presence of another adult, except in emergencies.
- Camp personnel and/or clinic volunteer store the medication only. The above-named student shall be responsible for self-administering the medication without supervision or monitoring by school personnel (*applicable to high school students only, with the exception of inhalers and EpiPens*).
- The above-named student be allowed to carry and self-administer nonprescription medication without the supervision or monitoring by school personnel (*only applicable to high school students only*).

I understand and agree that all medication must be in the original container, clearly marked with the student's name, name of medication, and prescribed dosage.

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

## Macon Creek Medication Procedures

1. Medications must be brought to camp by the student's parent or legal guardian.
2. All medications must be in a container as prepared by a pharmacy, physician, or pharmaceutical company and clearly marked with the student's name, the name of the medication, the prescribed dosage, and requested time of administration.
3. All controlled-substance medications will be counted and recorded in the presence of the parent/legal guardian when brought to camp.
4. Changes in dosage, frequency, or time of administration cannot be made without written instruction from a physician.
5. Designated staff will be administering medication.
6. Administrators, counselors, teachers, and other appropriate staff will be made aware of your child's condition and need for medication.
7. Medication left over at the end of camp shall be picked up by the parent/legal guardian. Any medication not retrieved by the parent/legal guardian will be disposed of within seven days of the last student day of camp and documented by the individual who is responsible for administering medication.
8. Please list all medications your child is currently taking, whether taken in the home or at camp (*optional*):

Parent Signature	Date