



# Medication Authorization Form

REQUIRED for ALL campers | upload into camper's Active account

NY State requires an authorized prescriber's signature to administer ANY medication at Camp (prescriptions or over-the-counter). No medications of any kind will be administered without this signed form on file. If you wish to **refuse all OTC's AND your child does not take regular medication**, you may forgo the Medical Provider's signature and sign the yellow box below.

## Part I to be completed by the Parent or Guardian

CAMPER LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ DOB \_\_\_\_\_

GENDER \_\_\_\_\_ WEIGHT \_\_\_\_\_ PARENT NAME & CONTACT # \_\_\_\_\_

*I am refusing OTC medications on behalf of my child. My child will NOT be bringing any medications, vitamins, or other personal OTC medications to Camp. I acknowledge that my signature means that my child will not be able to receive any medication while at Camp.*

**Parent/Guardian Signature**

## OVER THE COUNTER MEDICATIONS (OTC)

Fowler stocks the following OTC medications in the Health Center. Parents, please initial below to provide permission for the Camp Nurse to provide the following as needed. Cross off any OTCs you do not wish your camper to receive.

Parent Initials

Tums	
Burn Spray	
Hydrocortisone 1% Cream	

Parent Initials

Ibuprofen	
Tylenol	
Sunscreen	

Parent Initials

Benadryl	
Zyrtec	

## Part II to be completed by the authorized Medical Provider

### PRESCRIPTION MEDICATIONS, VITAMINS, & PERSONAL OTC MEDICATION

Providers, please complete the following authorization schedule for each medication prescribed to the camper.

DIAGNOSIS	MEDICATION	DOSAGE	FREQUENCY	INSTRUCTIONS	NOTES (Fowler Nurse Only)
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Bedtime <input type="checkbox"/> Lunch <input type="checkbox"/> As Needed <input type="checkbox"/> Dinner		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Bedtime <input type="checkbox"/> Lunch <input type="checkbox"/> As Needed <input type="checkbox"/> Dinner		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Bedtime <input type="checkbox"/> Lunch <input type="checkbox"/> As Needed <input type="checkbox"/> Dinner		

Please sign to provide permission for all above medication to be administered as described (OTC & Prescriptions)

**Parent/Guardian Signature**

**Medical Provider's Signature & Day Phone**