



Emergency Medication Consent Form

Please place the completed form and medication in a clear, plastic resealable storage bag and give it to Camp Management on the first day of camp. Consent forms must be reauthorized every year.

Camper First and Last Name:		Type/Name of Medication:	
Prescription #:	Dosage:	Route (method):	
Start Date:	End Date:	Times/Frequency:	
Reason:			
Possible Side Effects to watch for:			
In the event of an emergency permit the administration of the medication, according to the instructions listed, to the child listed above.			
Name of Parent/Guardian:		Date of Authorization:	
Signature of Parent/Guardian:			

FOR STAFF REVIEW PRIOR TO ADMINISTERING MEDICATION Y N

Is the medication consent form complete?	<input type="checkbox"/>	<input type="checkbox"/>
Is the original prescription label on the medication container or pre-packaged and labeled for use by the manufacturer?	<input type="checkbox"/>	<input type="checkbox"/>
Is the full name of the child on the container?	<input type="checkbox"/>	<input type="checkbox"/>
Is the prescription medication current?	<input type="checkbox"/>	<input type="checkbox"/>
Is the dose, name of the drug, and frequency of administration given on the label consistent with the instructions above?	<input type="checkbox"/>	<input type="checkbox"/>
STAFF INITIALS: _____		