



**Montgomery Sports Association
Potomac, MD 20854
(301) 983-2227**

Authorization for Medication

(Please read and follow all instructions carefully.)

This form must be completed in order for your child to receive required medication during camp hours. A separate medication administration authorization form must be submitted for each medication.

- ◆ *MSA STAFF will administer an emergency medication as indicated on this form, and then call for emergency medical treatment (911). If the physician's order includes a repeated dosage, parents must supply the necessary dosage. For example, if the emergency medication requires a repeated Epi-pen injection, the parent must supply a second Epi-pen or Epi-pen Jr.*
- ◆ *For self-administer medication, the program director or Assistant Director will oversee the child or teen as he/she self-administers the medication to ensure that the medication is taken at the designated time(s) and that it is administered correctly by the child or teen.*
- ◆ *If it is necessary for a child or teen under the age of 18 to take over-the-counter or prescribed medication during program hours, this form must be completed in full by the parent or guardian and the child or teen must have taken the medication at least once without any negative reaction before bringing it to the camp.*
- ◆ *All medications must be brought to the program in the original pharmaceutical container and labeled with the child or teen's name, medication dosage and schedule. Only the exact amount of medication should be delivered to the camp. If the parent does send more than the specific quantity and does not collect the unused medication within one week after the program has ended, MSA will discard the unclaimed medication. All measuring utensils used for administering medications must be labeled with the child or teen's name and brought in with the medication. All half dosages must be split prior to the camp.*
- ◆ *A parent/guardian is expected to hand-deliver medication along with this form, to MSA personnel responsible for medication, unless the child or teen is authorized by the parent and physician to carry the medication and the form.*
- ◆ *MSA Staff will store the medication in a secured, non-refrigerated area that is accessible only to authorized personnel.*

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1. Physician's Authorization

Camper Name: _____ Date of Birth ___/___/___
(name of child or teen)

Condition Being Treated:

Medication Name:

Dosage: _____ Route: _____ Frequency: _____

Medication shall be administered: FROM ___/___/___ TO ___/___/___
(This authorization is not to exceed 1 yr.)

Emergency Medication: Yes No

Ok to Self-Administer: Yes No

Ok to Self-Carry: Yes No

Authorization for the Child or Teen to Carry and Self-Administer Medication

The above named child or teen may carry this medication with him/her during camp recreation hours. He/she has received adequate information on how and when to use this Medication, and I believe he/she can safely carry and self-administer it.

Special instructions: _____

Side effects:

Physician's Name/Title: _____

Telephone: _____ Fax: _____

Address: _____

Prescriber Signature

(original signature or signature stamp only)

_____/_____/_____
Date

2. Parent Authorization for Medication

Authorization for Medication for: _____
(name of child or teen)

Check each box that applies:

- I authorize my child to take the medication as directed by his/her physician.
- I authorize my child to carry and self-administer medication during camp hours as directed by his/her physician.
- I authorize MSA personnel to administer emergency medication for my child as directed by his/her physician.

I request MSA youth camp operators, staff members or volunteer to administer the medication or to supervise my camper in self-administer as prescribed by the above authorized physician. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I authorize MSA camp personnel and the authorized physician indicated on this form to communicate in compliance with HIPAA.

I have read the instructions on page 1 that clarify the medication administration procedures, and I assume the responsibilities indicated. I agree to release MSA, its staff members and employees, from all liability for administering prescribed medication to my camper, _____, provided MSA staff members follow the physician's/pharmacist's order as written on the medication.

I understand that I must collect any unused medication no later than one week after the camp ends, or MSA will discard the medication.

Parent/Guardian Name (print): _____ Phone: _____

Individuals authorized to pick up medication: _____

Parent/Guardian Signature: _____ Date: ____/____/____