



MERRIMACK PARKS & RECREATION
CAMP NATICOOK & CAMP TREK
116 Naticook Road, Merrimack, NH 03054
Phone: 603-882-1046 Fax: 603-883-5335
www.merrimackparksandrec.org



AUTHORIZATION TO ADMINISTER MEDICATION

This form must be completed fully in order for Camp Naticook or Camp Trek to administer the required medication. All medications will be securely stored in the Camp Health Center & distributed as directed by these orders. One form must be completed for each medication.

- Prescription medication shall be labeled in its original container, with the child's name, the name of the drug, and the directions for its administration and storage.
 - Non-Prescription medication includes over the counter medications including acetaminophen, Motrin, Tylenol, vitamins, homeopathic, and herbal medications and must be in the original container with the label intact.
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PREScriBER'S AUTHORIZATION

1. Child's First & Last Name: _____

2. Child's Date of Birth: ____/____/____

3. Child's Height: _____

4. Child's Weight: _____

5. Medication Name: _____

6. Is this an Emergency Medication? ☐ Yes ☐ No

7. Condition for which medication is being administered: _____

8. Dosage: _____

9. Time/Frequency: _____

10. Directions for administration (routine or PRN) _____

11. Relevant Side Effects: ☐ None Expected ☐ Specify: _____

12. If emergency medication (Inhaler or Epi Pen) can child self-administer it? ☐ Yes ☐ No

Type or Print Prescriber's Name: _____

Telephone: _____ Fax: _____

Prescriber's Signature: _____ Date: _____

I/We request designated Camp Personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/We have legal authority to consent to medical treatment for the camper named above, including the administration of medication. I understand that I/We must pick up the medication at the end of my child's sessions or the medication will be destroyed. I authorize Camp personnel to communicate with the prescribing health care provider as allowed by HIPAA.

Parent/Guardian Signature: _____

Date: _____