MERRIMACK PARKS & RECREATION
NATICOOK SUMMER DAY CAMP
116 Naticook Road, Merrimack, NH 03054
Phone: 603-882-1046 Fax: 603-883-5335
www.merrimacknh.gov

AUTHORIZATION TO ADMINISTER MEDICATION

This form must be completed fully in order for Naticook Day Camp 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.

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 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:**