



Camper Name: _____

ALLERGIES: _____

HEAD'S UP! HARTFORD

PARENT / GUARDIAN AUTHORIZATION

Non-Prescription Medications

I hereby request permission for my child named _____ to receive over-the-counter medication (*i.e., Ibuprofen, acetaminophen including topical agents and sunscreen*) for minor physical complaints, fever, which shall be administered by the Heads Up! Hartford Registered Nurse or Designee, or to self-administer sunblock.

Epi pens, asthma inhalers, and oral contraception may be self-administered and carried by the camper at all times.

Parent/Guardian Signature: _____ Date: _____

Prescription Medications

The Connecticut State law and regulations require a physician's written order and parent or guardian's authorization for a nurse to administer medicinal preparations or, in her/his absence, (Section 10-212a)

Name of Camper: _____ Date of Birth: ____/____/____

Length of time during which medication shall be administered: June 21, 2018 - June 28, 2018

Condition for which medication is being administered: _____

Name of Medication: _____

Dosage/Route: _____ Time of administration: _____

Relevant side effects to be observed, if any: _____

I give permission for HUH staff to hold Diabetic Supplies: _____
(Syringes/Insulin/Glucometer); Parent / Guardian Initials (if applicable)

MD / DO / APRN - Print name

MD / DO / APRN - SIGNATURE

PARENT SIGNATURE

DATE

Medication should be in the original prescription container labeled with the date, name of drug, dosage, interval, and physician's name and prescription number.