## MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

This form must be completed fully in order for youth camp operators and staff members to adminter the required medication or for the camper to self-adminster medication. A new medication administration form must be completed at the beginning of each camp season, and each time there is a change in dosage or time of administration of a medication.

Office of Healthy Homes and Communities (410) 767-8417 or 1-877-4MD-DHMH ext. 8417 Draft Revision Date: 4/4/2018

Maryland Department of Health (MDH)

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Non prescription medication includes vitamins, homeophathic, and herbal medicines.

-9861	- An adult must bring the medication to the camp and give the medication	on to an adult sta Sectio	off member.	RIBER'S AUTHO	DRIZATION				
1. C	HILD'S NAME (First Middle Last)	7 * August 16 No. 24 Ar To. 27 A To Color of		4 2000			2. DAT	E OF BIRTH (mm/dd/yyyy)	
	REDICATION SHALL BE ADMINISTERED g the year in which this form is dated in 7b below unless more restrictive	dates are specifie	ed in 3a and 3b.	This authorization	s NOT TO EXCEED 1 Y	3a. FROM (mm/	'dd/yyyy) /	3b. TO (mm/dd/yyyy)	
′	Medication Name Condition Being Treated/PRN		Dose	Route	Frequency	OK to Self-Administer	OK to Se	elf-Carry (Emerg Meds Only)	
1						□Yes □No	☐ Yes [	□ No □ Not emergency med	
_			Emergency Medication; a Yes a No Known side effects;						
_						□Yes □No	□Yes [	□ No □ Not emergency med	
2			Emergency Me	dication; 🛭 Yes 🖯	n No Known side effe	cts:			
						□Yes □No	□ Yes 「	□ No □ Not emergency med	
3			Emergency Me	dication: 🗆 Yes 🛭	tion: 🗆 Yes 🗅 No. Known side effects:				
						□Yes □No	□ Yes f	□ No □ Not emergency med	
4			Emergency Medication: a Yes a No Known side effects:						
						☐Yes ☐No	□Yes [	□ No □ Not emergency med	
5			Emergency Me	dication: 🗅 Yes 🗅	No Known side effe	cts;			
			a paid to habitation construction	one enter the green or, it is done.		□Yes □No	[] Yes [	□ No □ Not emergency med	
6			Emerciency Me	dication: D Yes D	No Known side effe	SESSENCE AND			
_			inghias action Assis	newskie in cheepita		☐Yes ☐No	Toyas (	The shetemerses mad	
7			☐ Yes ☐ No ☐ Yes ☐ No ☐ Not emergency med  Emergency Medication: □ Yes □ No Known side effects:						
			I cure dent's we		The known side eye		A STATE OF THE PARTY OF THE PAR	And the state of t	
8			265349992551999	Asmesperintes		☐Yes ☐No	LI Yes L	□ No □ Not emergency med	
			Emergency Me	dication: u Yes c	No Known side effe		498688		
9			el suche selle legion			□Yes □No	☐ Yes □	□ No □ Not emergency med	
			Emergency Me	dication: 13 Yes C	No Known side effe	d <b>s</b>			
10			***************************************		STEEL ST	□Yes □No	☐ Yes □	□ No □ Not emergency med	
			Emergency Me	dication: 🗆 Yes E	No Known side effe	ds:			
11						□Yes □No	□ Yes □	□ No □ Not emergency med	
11			Emergency Me	dication: to Yes t	No Known side effe	cts:			
						□Yes □No	□ Yes □	□ No □ Not emergency med	
12			Emergency Me	dication: c3 Yes C	No Known side effe	rts.			
						□Yes □No	☐ Yes 〔	☐ No □ Not emergency med	
13			Emergency Me	dication: D Yes D	No Known side effe				
. PI	RESCRIBER'S NAME/TITLE			Т Т	his space may b	e used for the Prescrib	er's Addre	ess Stamp	
TELEPHONE FAX									
ADD	PRESS								