

# 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 administer the required medication or for the camper to self-administer 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.

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

- 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, homeopathic, and herbal medicines.
- An adult must bring the medication to the camp and give the medication to an adult staff member.

## Section I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME (First Middle Last)	2. DATE OF BIRTH (mm/dd/yyyy) / /
3. MEDICATION SHALL BE ADMINISTERED <small>during the year in which this form is dated in 7b below unless more restrictive dates are specified in 3a and 3b. This authorization is NOT TO EXCEED 1 YEAR.</small>	3a. FROM (mm/dd/yyyy)      3b. TO (mm/dd/yyyy) / /                                      / /

#	Medication Name	Condition Being Treated/PRN Parameters	Dose	Route	Frequency	OK to Self-Administer	OK to Self-Carry (Emerg Meds Only)
1						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
<i>Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:</i>							
2						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
<i>Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:</i>							
3						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
<i>Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:</i>							
4						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
<i>Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:</i>							
5						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
<i>Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:</i>							
6						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
<i>Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:</i>							
7						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
<i>Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:</i>							
8						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
<i>Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:</i>							
9						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
<i>Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:</i>							
10						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
<i>Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:</i>							
11						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
<i>Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:</i>							
12						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
<i>Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:</i>							
13						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
<i>Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:</i>							

4. PRESCRIBER'S NAME/TITLE	
TELEPHONE	FAX
ADDRESS	

This space may be used for the Prescriber's Address Stamp