



Medication Authorization Form

Medications should be administered at home whenever possible. All medication dispensed by camp staff will be administered in compliance with state law and guidelines, have prior parent/guardian authorization on file, and will be properly documented.

All medications must be given directly to camp staff by a parent/guardian. No camper is allowed to handle or possess their own medication, with the exception of inhalers. All medication will be stored in a secure area accessible only by staff.

All prescription and non-prescription medications to be given at camp must meet the following criteria:

- Send the medicine in the original pharmacy or manufacturer's container
- The container must be labeled with the following information:
 - Name of the camper
 - Name of the medication
 - Time to be given
 - Dosage to be given
 - Length of time the medication is to be administered at camp

The parent/guardian is responsible for submitting a new authorization form each time there is a change in dosage or frequency. The parent/guardian must pick-up any unused medications upon their expiration or when the campers' program enrollment has ended. Medications not claimed will be destroyed.

AUTHORIZATION TO ADMINISTER MEDICATION

I hereby authorize Porter County Parks and Recreation staff to facilitate the use of medications by my child as stated on this authorization. I agree to release and hold harmless the park department and their staff from any and all liability in assisting my child with medication use, and understand staff will comply with the authorized orders established below. I have read the procedures outlined above and I assume responsibilities as required.

Childs Name: _____ Date of Birth: _____ Age: _____

Name of 1st Medication: _____ Dosage Amount: _____

Date(s) and Time(s) to Administer: _____

*If more than one medication is to be given at a time, please document the proper sequence of administration.

Possible Side Effects: _____

Possible Reactions to Persons Exposed to this Medication: _____

Name of 2nd Medication: _____ Dosage Amount: _____

Date(s) and Time(s) to Administer: _____

Possible Side Effects: _____

Possible Reactions to Persons Exposed to this Medication: _____

Parent/Guardian Name: _____ Signature: _____

Date: _____ Parent/Guardian Phone: _____



Medication Authorization Form continued

*This form is only needed in the event that a child has more than 2 medications that require administration at camp.

AUTHORIZATION TO ADMINISTER MEDICATION

I hereby authorize Porter County Parks and Recreation staff to facilitate the use of medications by my child as stated on this authorization. I agree to release and hold harmless the park department and their staff from any and all liability in assisting my child with medication use, and understand staff will comply with the authorized orders established below. I have read the procedures outlined above and I assume responsibilities as required.

Childs Name: _____ Date of Birth: _____ Age: _____

Name of 3rd Medication: _____ Dosage Amount: _____

Date(s) and Time(s) to Administer: _____

*If more than one medication is to be given at a time, please document the proper sequence of administration.

Possible Side Effects: _____

Possible Reactions to Persons Exposed to this Medication: _____

Name of 4th Medication: _____ Dosage Amount: _____

Date(s) and Time(s) to Administer: _____

Possible Side Effects: _____

Possible Reactions to Persons Exposed to this Medication: _____

Name of 5th Medication: _____ Dosage Amount: _____

Date(s) and Time(s) to Administer: _____

Possible Side Effects: _____

Possible Reactions to Persons Exposed to this Medication: _____

Parent/Guardian Name: _____ Signature: _____

Date: _____ Parent/Guardian Phone: _____