



Authorization and Permission for Administration of Medication

(All items must be completed in detail by the physician)

Camper's Name _____ Date of Birth ____/____/____
 Name of Medication _____ Date of Prescription _____
 Dosage: _____ Frequency and Time of Administration _____
 Diagnosis _____ Discontinuation Date _____
 Intended effect of medication: _____
 Possible Side Effects: _____
 Other medications the camper is receiving: _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the camp health officer. Inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a camper's parent or guardian.

Physician Authorization for Self-Administration of Asthma Medication or Epinephrine Auto-Injector (please circle)

The camper is capable and responsible for carrying and self-administering above named asthma medication. Yes No
 The camper is capable and responsible for carrying and self-administering above named epi auto-injector. Yes No

Camp Ketcha Self-Administration Evaluation

The camper is capable and responsible for carrying and self-administering above named asthma medication. Yes No
 The camper is capable and responsible for carrying and self-administering above named epi auto-injector. Yes No

Witnessed by _____ Date _____
 (printed) (signature)

Parent/Guardian Agreement Authorizing Self-Administration of Asthma medication or Epinephrine Auto-Injector

I agree with the doctor statement above to authorize my child to carry and self-administer the above named medication. I therefore agree to indemnify and hold harmless the School District and its employees from any claim, liability, loss or expense, including reasonable attorneys' fees, suffered by any of the foregoing indemnities and arise out of a claim related directly or indirectly to my son/daughter's self-administration of the above reference medication of and brought by me, any other parent/guardian of my camper or another camper, or by or on behalf of my camper or another camper.

Parent/Guardian Name _____
 (Please print) (Signature) (Date)

LICENSED PRESCRIBER:

Prescriber Name _____ Prescriber Phone/Emergency # _____
 (printed)

 (Signature and Stamp) (Date of Signature and Order)

Parental/Guardian Authorization:

I hereby authorize Camp Ketcha and its employees to administer to my child, lawfully prescribed medication in the manner described above. I further acknowledge and agree to waive any claims I might have against Camp Ketcha and its employees arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify Camp Ketcha and its employees from and against all claims, damages, causes of action or injuries incurred or resulting from the administration of said medication.

Parent/Guardian Name _____
 (Please print) (Signature) (Date)

Medication Administration Record (MAR)

Name of Child _____ Date of Birth ____/____/____

Pharmacy Name _____ Prescription Number _____

Medication Order _____

Date	Time <small>*note AM or PM</small>	Dosage	Remarks	Was this medication self-administered? (circle) YES NO	Signature of person observing or administering medication
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	

*Medication authorization form must be used as either a two-sided document or attached first and second page.

- Authorization form is complete
- Medication is appropriately labeled
- Medication is in original container
- Date on label is current

Person Accepting Medication (print name) _____ Date ____/____/____