

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION  
(BOTH PRESCRIPTION AND NON-PRESCRIPTION)  
BY DAY CAMP PERSONNEL**

The Connecticut State Law and Regulations require an authorized prescriber's (physician, dentist, advanced practice registered nurse and physician assistant) written order and parent or guardian's authorization for a nurse, director, or teacher to administer medications. Medications must be in pharmacy prepared containers and labeled with name of child, name of drug, strength, dosage, frequency, authorized prescriber's name and date of original prescription. Over the counter medication must be in the original container and labeled with the child's name.

ORDER OF AN AUTHORIZED PRESCRIBER

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street City State Zip

Drug: Name \_\_\_\_\_ Dose \_\_\_\_\_

Method of administration \_\_\_\_\_ Time of Administration \_\_\_\_\_

Reason for medication \_\_\_\_\_

Medication shall be administered from \_\_\_\_\_ to \_\_\_\_\_  
Date Date

Relevant side effects to be observed, in any \_\_\_\_\_

If there are any side effects, plan for management \_\_\_\_\_

Is this a controlled drug? \_\_\_\_\_ Allergies to food or drugs? If YES list \_\_\_\_\_

Authorized prescriber's name (Print) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Authorized prescriber's Signature \_\_\_\_\_

**AUTHORIZATION BY PARENT/GUARDIAN FOR THE ADMINISTRATION OF THE ABOVE MEDICATION:**

I hereby request that the above medication, ordered by the authorized prescriber for my child \_\_\_\_\_, be administered by nurse, first aider, or director of the YMCA Day Camp programs. I understand that I must supply the child day care center with the prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist. Over the counter medications shall be in the original container labeled by the parent with child's name.

I understand that this medication will be destroyed if not picked up within one week following termination of the order.

I verify that I have administered at least one dose of the above product, two doses if antibiotic, to my child without adverse side effects.

I, THE UNDERSIGNED PARENT OR GUARDIAN, AND ACTING ON THE BEHALF OF MY MINOR CHILD FOR THE DISTRIBUTION AND ADMINISTRATION OF MEDICATION TO MY CHILD BY YMCA DAY CAMP STAFF, WAIVE, DISCHARGE, RELEASE AND HOLD HARMLESS THE GREATER WATERBURY YMCA AND ITS STAFF OR REPRESENTATIVES FROM ALL CLAIMS, ACTIONS, COURSES OF ACTIONS, DEMANDS OR DAMAGES FOR BODILY OR PERSONAL INJURIES THAT MAY OCCUR IN THE EVENT OF ANY ADVERSE EFFECTS AS A RESULT OF THIS REQUEST TO ADMINISTER THE MEDICATION AS SPECIFIED.

Name \_\_\_\_\_ Phone \_\_\_\_\_ (w) \_\_\_\_\_ (h) \_\_\_\_\_ (cell)

Signature \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

