

MEDICATION ADMINISTRATION AUTHORIZATION

This form is to be completed and submitted upon arrival at Lake Lavon Camp along with below described medications.

Name: _____ Birthdate: _____ Age: ___ Sex: ___ Male ___ Female

Church group student came with: _____ Church City & State: _____

As the parent or legal guardian of the above-named child, I give my permission to the enlisted Lake Lavon Camp to administer as prescribed by law the listed below medication to my child.

Parents/Guardian Signature _____ Date _____ Daytime Phone # _____ Evening Phone # _____

For Prescription Medications only...PLEASE follow these guidelines:

In accordance with Texas Department of Health regulations: ALL Medication that is brought to camp must be: (1) Placed in the Health Center, (2) Prescribed for the camper (not a sibling or parent), (3) In the original container with all labels intact, and (4) Correct current dosage.

Dosage of non-prescription medication may not exceed product recommendation without doctor's written orders. Lake Lavon Medical Camp staff request that you do not send over-the-counter medications (i.e. Tylenol, Ibuprofen, Benadryl, etc). These types of medication, as are others, is provided by the camp).

Name of Medication: _____

Purpose for medication use (e.g. allergies, asthma, antibiotic) _____

Form of medication: ___ Tablet ___ Pill ___ Capsule ___ Liquid ___ Inhalation ___ Other (specify) _____

Dosage (amount to be given): _____ How often or at what time: _____

Remarks or special instructions: _____

Name of Medication: _____

Purpose for medication use (e.g. allergies, asthma, antibiotic) _____

Form of medication: ___ Tablet ___ Pill ___ Capsule ___ Liquid ___ Inhalation ___ Other (specify) _____

Dosage (amount to be given): _____ How often or at what time: _____

Remarks or special instructions: _____

Name of Medication: _____

Purpose for medication use (e.g. allergies, asthma, antibiotic) _____

Form of medication: ___ Tablet ___ Pill ___ Capsule ___ Liquid ___ Inhalation ___ Other (specify) _____

Dosage (amount to be given): _____ How often or at what time: _____

Remarks or special instructions: _____

If necessary, make additional copies of this blank Medication Form in order to provide requested information for each medication. All Medication Release/Administration Forms and medication(s) to be administered should be given to the church Contact Person prior to arriving at camp. When the church group arrives at camp, the Contact Person will be responsible for bringing all medications and forms to the camp registration area. The Forms will be reviewed by our Medical Staff to clear up any possible questions about medications or their administration. To make it easier for the church Contact Person, the parent/or student should put their medications and forms in a zip-lock type plastic bag with the student's name and church written with a marker on the outside of the bag. Parents should emphasis to their child(ren) the responsibility of reporting to the camp Health Center for their medications while at camp.