

Perry County Board of DD
**AUTHORIZATION TO ADMINISTER MEDICATIONS
AND CURRENT MEDICATION LISTING**

HS 417

A **complete list of current medications** is a necessity should there be an emergency medical situation or drug reaction.

The medication list must include not only medications prescribed by a physician but also those the child's parents/guardians may purchase over-the-counter. This list should additionally include any medications the student takes occasionally even though they may not be a part of a daily medication routine. This includes emergency medications, such as Diastat or Nasal Versed for example.

The nurse or delegated staff is permitted to administer medication only in accordance with the following procedures (THIS IS STATE LAW):

1. The name, dosage and frequency of the medication to be administered and the name of the doctor that prescribed the medication and the date it was prescribed must be on the pharmacy labeled container with expiration date.
2. For prescription drugs, the parent/guardian or responsible party must deliver a supply of medication to the nurse in a pharmacy labeled container. Prescriptions may be given to the Bus Driver to be transported to camp.
3. For non-prescription drugs, the parent/guardian or responsible party must deliver the supply of the medication or give to the camper's Bus Driver to deliver at camp, in the original manufacturer's container. The container should be labeled with the dosage and frequency that the drug is to be administered.
Note: The orders must be specific. Exact dose and exact number of tablets, i.e., cannot read 1-2 tabs. Must specify exact frequency, i.e., cannot read 4-6 hrs. Reason PRN is given must be specific, cannot read 'pain', needs to give exact reason, such as headache or fever greater than 101 degrees.
4. The nurse has the right and responsibility to check with the physician regarding the administration of any medication when in their best judgment it is prudent to do so.
5. The nurse or delegated staff cannot dispense any medication other than those listed on pg. 2.
6. The person who signs this authorization is responsible to notify the nurse of any medication change including dosage levels and times of administration.

Individual's Name

Date

Please check one:

_____ Will be taking medication during Summer Camp

_____ Will **NOT** be taking medication during Summer Camp

Parent/Guardian Signature: _____

Date: _____

Routing: Original to Health Services Coordinator

PHYSICIAN AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

* Note: **Physician and Parent/Guardian must sign this form**

Individual's Name: _____

D.O.B.: _____

Medication:	
Dose:	Time Given:
How Given:	
Purpose:	Side Effects:

Medication:	
Dose:	Time Given:
How Given:	
Purpose:	Side Effects:

G-Tube Feeding:	
Type:	Time Given:
Amount:	
Special Instructions/Precautions:	

As Needed (PRN) Medications: (including Tylenol, etc.)	
Dose:	Time Given:
How Given:	
Purpose:	Side Effects:

Other Medications (Prescription and Non-Prescription) taken at home:

Medication	Dosage	When Taken and How Often

Physician's Name: _____

Phone #: _____

Physician Signature: _____

Date: _____

I request and give permission for my child to receive the above medications at Summer Camp.

Parent/Guardian Signature: _____

Date: _____