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# MEDICATION AUTHORIZATION FORM

PRESCRIPTION MEDICATIONS: ONE MEDICATION PER FORM

## I. PRESCRIBER'S AUTHORIZATION

CHILD'S NAME		DATE OF BIRTH		
CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED			EMERGENCY MEDICATION [ ] YES [ ] NO	
MEDICATION NAME	DOSE	ROUTE		
TIME/FREQUENCY OF ADMINISTRATION		IF PRN, FREQUENCY		
IF PRN, FOR WHAT SYMPTOMS				
KNOWN SIDE EFFECTS SPECIFIC TO CHILD				
MEDICATION SHALL BE ADMINISTERED (NOT TO EXCEED 1 YEAR)	FROM	TO		
PRESCRIBER NAME/TITLE		This space may be used for the Prescriber's Address Stamp		
TELEPHONE #	FAX #			
ADDRESS				
CITY	STATE			ZIP CODE
<b>PRESCRIBER'S SIGNATURE (Parent cannot sign here)</b> (ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)			DATE	

## II. PARENT/GUARDIAN AUTHORIZATION

I request authorized youth camp operator/staff to administer the medication as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA. I confirm that, if the medication above is a prescription medication, the child has at some point taken the medication prior to attending camp.

<b>PARENT/GUARDIAN SIGNATURE</b>	DATE	
HOME PHONE #	CELL PHONE #	WORK PHONE #

## III. AUTHORIZATION FOR SELF ADMINISTRATION AND SELF-CARRY

I consent that the child named above is able to self-administer the medication listed. I authorize self-administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. The child named above may self-carry emergency medication if indicated below.

<b>PRESCRIBER SIGNATURE</b>	SELF-CARRY EMERGENCY MEDICATION [ ] YES [ ] NO [ ] Not emergency medication	DATE
<b>PARENT/GUARDIAN SIGNATURE</b>	SELF-CARRY EMERGENCY MEDICATION [ ] YES [ ] NO [ ] Not emergency medication	DATE