

# Authorization for medication administration for Camp Good News®

Campers Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I give Child Evangelism Fellowship® personal permission to administer medications to my child per the following (complete all underlined sections):

Medications Name:

Dose: (prescribed amount, e.g. 5 mg, not 1 pill

*Tablets requiring cutting should be cut by the parent before being brought to camp. Liquid medications require dosage spoons, available by your palmist, to be supplied by parent.*

Route: (circle one)

By: Mouth Ear Nose Skin Inhalation

Time of day to be given at Camp (e.g. 11 am, not mid-day)

Duration: Start date \_\_\_\_\_ end date \_\_\_\_\_

Reason for medication:

Special Instructions:

- Please allow my child to self-administer this medication. (Refer to district policy on self-medication). *Requires self-medication agreement form to be signed by parent, CEF administrator, and if prescription, consent of physician.*  
**PRESCRIPTIONS MUST BE WRITTEN BY OREGON-LICENSED PHYSICIANS.**

Check One:

- Prescription Requires Physician direction **PRESCRIPTIONS MUST BE WRITTEN BY OREGON-LICENSED PHYSICIANS.**
- Non prescription
- Other (describe)

**ALL MEDICATION MUST BE IN ITS NEWEST ORIGINAL CONTAINER WITH ACCURATE LABEL**

*I understand: I am responsible to provide this medication and maintain the supply needed for camp, to pick up all unused medication on the last day of camp (or it will be discarded) ; this authorization is valid no longer than one week from this date and applies only to the medication above; this authorizes an information exchange, as necessary, between the camp nurse, appropriate camp staff, and/or my child's health provider.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_