

## **Mandatory Guidelines for Medication Administration at RVR**

*All medications must be turned in to health staff at check-in.  
Campers are not permitted to keep medication in luggage or dorms.  
(Exception: emergency medications)*

1. **Prescription medication** brought to camp **MUST** be accompanied by a signed Medication Administration Authorization form from the participant's practitioner.
2. **Over-the-counter medications**, including **vitamins and supplements**, **MUST** be accompanied by a signed Medication Administration Authorization form from the participant's practitioner. Do not use Daily Pill Boxes.
3. **ALL** medication must be sent in the unaltered **original** manufacturer's package or pharmacy labeled bottles. **Do not use Daily Pill Boxes.**
4. The pharmacy labeled bottles **must match** the practitioner's written order on the Medication Administration Authorization form and parental computer entry **EXACTLY**.
5. Enclose the practitioner signed form in a zip-lock bag along with the medication.
6. Send only the amount of medication needed for the camp week/session.
7. Expired medication/bottles will **NOT** be accepted.
8. All medication must be retrieved at check-out. If you will not be picking your child up, the delegate authorized to pick-up your child must retrieve medication. Medication left behind will be discarded.
9. **ONLY emergency medications** are permitted for self-carry/self-administration. Complete section III on above form (or complete separate Asthma/Epinephrine forms if applicable).

# Medication Administration Authorization for Youth Camps in Maryland



This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, and each time there is a change in dosage or time of administration of a medication.

Be sure to read attached Mandatory Guidelines for Medication Administration. Authorization is NOT TO EXCEED 1 YEAR.

- If any medications listed below are emergency medications requiring self-carry/self-administration, section III must be signed by both Parent & Provider
- For more than 10 medications, complete an additional Medication Administration Authorization Form
- Medication administration times are **B**reakfast (8-9am), **L**unch (12-1pm), **D**inner (5-6pm), **B**edtime (**HS**, 9-10pm), or other specified
- Start/Stop Dates: Medication(s) to be administered as scheduled for the entire week(s) of camp indicated below, unless a STOP date is otherwise specified.

RVR Health Services  
Adapted from MDH Form 4758-b  
**Phone:** (443) 712-1010  
**Fax:** (443) 712-1015

## Section I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME (First Middle Last)		2. DATE OF BIRTH (mm/dd/yyyy) ____/____/____		3. MEDICATION ALLERGIES:	
4. MEDICATION SHALL BE ADMINISTERED during the summer of: 2 0 . Circle camp program week(s) attending: 1 2 3 4 5 6 7 8					
Medication Name	Dose	Route	Frequency (circle)	Condition/PRN Parameters	
1			B L D HS Other: _____		
Known side effects:		Emergency Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes (complete section III.)			
2			B L D HS Other: _____		
Known side effects:		Emergency Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes (complete section III.)			
3			B L D HS Other: _____		
Known side effects:		Emergency Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes (complete section III.)			
4			B L D HS Other: _____		
Known side effects:		Emergency Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes (complete section III.)			
5			B L D HS Other: _____		
Known side effects:		Emergency Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes (complete section III.)			
6			B L D HS Other: _____		
Known side effects:		Emergency Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes (complete section III.)			
7			B L D HS Other: _____		
Known side effects:		Emergency Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes (complete section III.)			
8			B L D HS Other: _____		
Known side effects:		Emergency Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes (complete section III.)			
9			B L D HS Other: _____		
Known side effects:		Emergency Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes (complete section III.)			
10			B L D HS Other: _____		
Known side effects:		Emergency Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes (complete section III.)			

5. PRESCRIBER'S NAME/TITLE:			This space may be used for the Prescriber's address stamp:		
TELEPHONE:		FAX:			
ADDRESS:					
CITY:	STATE:	ZIP:			
5a. PRESCRIBER'S SIGNATURE (Original signature or signature stamp. Parent/guardian cannot sign)					5b. DATE (mm/dd/yyyy) ____/____/____

## Section II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to administer the medication or to supervise the camper in self-administration as prescribed by the above authorized 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 authorized individual must pick up the medication; otherwise, it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA and RVR's Health Services Confidentiality Agreement.

6a. PARENT/GUARDIAN SIGNATURE:	6b. DATE (mm/dd/yyyy):	6c. Persons Authorized to Pick-Up Meds
6d. HOME PHONE:	6e. CELL PHONE:	6f. WORK PHONE:

## Section III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (optional)

THIS SECTION SHOULD ONLY BE COMPLETED IF ANY MEDICATIONS ARE APPROVED FOR SELF-ADMINISTRATION. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both prescriber and parent/guardian must consent to self-administration below, however, youth camp operators are not required to permit self-administration or self-carry.

7a. PRESCRIBER SIGNATURE:	7b. DATE:	8a. PARENT/GUARDIAN SIGNATURE:	8b. DATE:
---------------------------	-----------	--------------------------------	-----------