

Reviewed by Camp RN
 Initial: _____ Date: _____

RVR Camps

Medication Administration Authorization and Record

This order must be completed and signed by a physician and is valid only for the summer of _____

Name of Participant: _____ DOB: _____ Drug Allergies: _____

Camp/program: _____ Week(s)/Session(s) _____

Medication time:

B - Breakfast 8:00am - 9:00am **L** - Lunch 12:00pm - 1:00pm
D - Dinner 5:00pm - 6:00pm **HS** - Bedtime 9:00pm - 10:00pm

**Note to Physician:* This form also will serve as the MAR. Please write legibly and do not mark in the Sun-Sat spaces. Thanks.

June		July		August							
Med/Dose/Route/Interval	# tab	Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat		
<i>Reason:</i>		B									
		L	Mon-Sat spaces for RVR office use only								
		D									
		HS									
<i>Reason:</i>											
<i>Reason:</i>											
<i>Reason:</i>											
<i>Reason:</i>											

Doctor's Signature: _____ Date: _____

Parent/Guardian Authorization:

I request designated camp personnel to administer the medication as prescribed above. I understand that at the end of the camp session, an adult must pick up the medication, otherwise it will be discarded. I authorize the camp nurse to communicate with the health care provider per the signed confidentiality agreement.

Parent/Guardian Signature: _____ Date: _____

Doctor's Stamp

(If no stamp, please write in address/phone)

Signature/Initial of RVR staff administering medication _____

_____ Medication: Returned to Parent / Discarded

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.