

**Camp Innabah
Authorization for Medication Administration**

You may copy this form if needed

Camper's Full Name: _____ Date of Birth: _____

NOTE: Medications should be PREPOURED in a weekly pill organizer. Separated by time of day (breakfast, lunch, dinner, or bedtime) medication should be given.

If camper must receive medication during their scheduled summer session, please complete this form and bring it along with the pre-poured medication to camp with the camper. All medications and forms will be checked at check-in on the start of the camper's event. Please have pill organizer labeled with camper name and placed in gallon-sized plastic bag.

Medication Name / Dosage / Reason	Amount of pills to be given each administration	Time(s) to be given: B – Breakfast, L – Lunch, D – Dinner, HS - Bedtime
		<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
		<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
		<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
		<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
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		<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
		<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
		<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
		<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____

Authorization

I, _____ (name of parent/guardian) give my consent to the Health Care Staff to administer the above medication(s) to _____ (name of camper) during their time at Camp Innabah from _____ (start date) through _____ (end date).

Signature: _____ Relationship: _____ Date: _____

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Dear Parents/Guardians:

We would like to ease the wait at the medication line at camp check-in. We commonly will take 35-40 campers with medications in an hour's time. We hope that you will be patient with us, as we need to get all of the information correct for the safety of our campers. We realize that this process all of this may seem confusing to some. If you are able to help us by following these guidelines, it will help shorten the process.

1. An **Authorization for Medication** form is required for medication. If more space is needed, please make copies.
2. The **signature** of the parent/guardian must be on the form, not just an agency name.
3. The medications should be **pre-poured** in a weekly pill organizer. Separated by the time of day (breakfast, lunch, dinner, or bedtime) medication should be given. If the medication is dispensed by the pharmacy in a Blister Card packaging, the medications should be combined (breakfast, lunch, dinner, bedtime) and only for the length of stay.
4. If it is possible to conform to our mealtime/bedtime schedule, use the designations below. If a special time is needed, please indicate that.

Check:	If Given At:	Which is About:
B	Breakfast	8:00 am
L	Lunch	12:00 noon
D	Dinner	5:30 pm
HS	Bedtime	8:30 pm

5. **Please only send the amount of medication to be given while at camp.**
6. **Please have medications in a gallon sized plastic bag.** All pill organizers should be placed in the same bag. Use a permanent marker or a strip of masking tape to label the camper's name.
7. **IT IS NOT** necessary to send over-the-counter medications unless the camper needs them regularly.
8. If a camper commonly gets any dose of medication after 3:00 pm (check-in time) and before 5:30 pm (dinner) on Sunday evenings, please make arrangements to give that medication before leaving camp. The first round of medication is at dinner on Sunday evening.
9. The **LAST** dose of medication will be given **FRIDAY at DINNER.** Family members/caregivers will pick up empty pill containers when campers are checked-out.

Thank you - The Camp Innabah Health Care Team