

Dobbs Ferry Summer Camp

Medication Authorization Form

If your child may need medication during the camp day, this form must be printed, completed by the doctor, and handed in at registration.

If the camper may need any medication during the camp day, including emergency use medication such as an epi pen or inhaler for example, this form **MUST be printed, completed by the camper's doctor, and handed in.**

If your child's medication needs change during the camp season, this form **MUST** be updated.

At times, children may become ill at camp. With permission from both you and your child's doctor, we can provide approved medication to be self-administered by the camper. Without this form completed by the camper's physician, the camper will not be permitted, under any circumstances, to carry or take any medication. **All medications are self-administered by the camper in the presence of camp staff.** Our medical bag will include the medications listed in the first box below. **If your child has a need for any other medications or prescriptions (including inhalers & epi-pens), the below box must be filled out and signed by the doctor and medication must be presented to the camp directors in their original container.**

Camper's will ONLY be allowed to carry emergency use medications such as an asthma inhaler or epi-pen. These items *MUST be listed on this form and presented to the camp director in the original containers. All other meds will be carried by the camp director. Parents must provide medications to the camp director in original containers with the pharmacy label.*

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

Camper's Physician- please fill in completely and add any specific medications not listed

Camp Stock Medication	✓ if allowed	Comments
Acetaminophen (325 mg)		
Antacid Tablets (500 mg)		
Ibuprofen (200 mg)		

*Camper Provided Medication	Dosage	Frequency	When to administer

***Must be provided in original container with pharmacy label including the campers name to a director on first day of camp.**

Camper Physician must complete below or stamp.

Physician's Name: _____ Phone #: _____

Physician's Address: _____

Physician's Signature: _____ NYS Registration #: _____ Date: _____

I hereby authorize the Dobbs Ferry summer camp staff to provide the approved medication to my child for my child to self-administer. I hereby release the staff from any and all liability arising from the administration of these medications.

Signature of Parent/Guardian: _____ Print Name: _____ Date: _____