

**Please note:**

**The following pages titled, “Medication Authorization” & “Medication Disposition”, do NOT need to be filled out and returned to the camp office UNLESS you plan to send some type of medication to camp for your child.**

**The “Medication Authorization” & “Medication Disposition” documents are only used for campers who have medication needs such as Epi-pens, Benadryl, prescription medications or over-the-counter medicines that they will be bringing and taking at the camp .**

**If your child will be bringing an Inhaler, please use the Asthma Action Plan form found on the Registration page of the website.**

**If your child will be bringing an Inhaler and another type of medication, BOTH forms will need to be filled out and submitted.**

# MEDICATION AUTHORIZATION

IT'S ALL FUN & GAMES, LLC 1810 Valleybrook Dr Kingsville MD 21087

In order for your child to have ANY type of medication or to receive ANY medication at camp, (including, but not limited to over-the-counter medications, benadryl, or epi-pens), we must have specific directions from a physician, a physician's signature AND (except for Epi-pens) self-administration authorization/signatures from both a parent and physician. It is required that the first dose of any medication be administered at home. All medications must be self-administered by the camper; including the ability to read the container as well as determine the correct amount. A responsible camp staff person will observe and supervise the child during this process. If you do not feel the child can self-administer medication, the medication can NOT be brought to camp.

We do not supply any over-the-counter medications. You MUST send medication to camp in the original or a duplicate box or bottle with the current prescription label on the container, accompanied by this completed form. (Upon request, pharmacists will label containers that can be used.) HAVE YOUR PHYSICIAN COMPLETE THIS FORM AND SIGN IT IN BOTH PLACES AT THE BOTTOM. This form should be submitted to the camp office prior to the arrival of your child's medication.

Your permission and signature are also required with any medication. All forms and medication must be dropped off in the CAMP OFFICE!

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## PHYSICIAN'S INSTRUCTIONS FOR MEDICATION AT CAMP

Name of Camper \_\_\_\_\_ D.O.B. \_\_\_\_\_

Camper Address \_\_\_\_\_

Parents Primary Phone \_\_\_\_\_ Parent's Alternate Phone \_\_\_\_\_

Date of Commencement \_\_\_\_\_ Date of Discontinuation \_\_\_\_\_

Medication Name \_\_\_\_\_ Medication Dosage \_\_\_\_\_

Frequency of Administration \_\_\_\_\_ Route of Administration \_\_\_\_\_

If PRN, the frequency and for what symptoms should the medication be administered \_\_\_\_\_

This medication is to be used for emergency situations Y N

Condition for which medication is being administered \_\_\_\_\_

If side effects or a reaction can be expected, please describe \_\_\_\_\_

Please PRINT below the Physician's / Prescriber's Name, Title, Address, Phone Number and Fax Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's / Prescriber's Signature

Date

## AUTHORIZATION FOR SELF-MEDICATION

I authorize self-administration of the medication listed above, for the child named above, under the supervision of a designated staff member at It's All Fun & Games, LLC. I request the authorized youth camp operator or designated staff member at It's All Fun & Games, LLC, supervise the camper in self-administration as prescribed above by the authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including self-administration of the medication at the facility. I understand at the end of the authorized period, an authorized individual must pick up the medication; otherwise it will be discarded. I authorize camp personnel to communicate with the authorized prescriber indicated on this form in compliance with HIPAA.

Physician's / Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICATION FINAL DISPOSITION**  
IT'S ALL FUN & GAMES, LLC    1810 Valleybrook Dr    Kingsville MD    21087

Parents, please complete only the Camper Information section of this page!

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**CAMPER INFORMATION**

Name of Camper \_\_\_\_\_ D.O.B. \_\_\_\_\_

Camper Address \_\_\_\_\_

\_\_\_\_\_

Parent / Guardian's Primary Phone

Parent/Guardian's Alternate Phone

\_\_\_\_\_

\_\_\_\_\_

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**The bottom of this page is for camp staff use only.**  
**Parents, please leave the following bottom section BLANK:**

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**CAMP STAFF: COMPLETE AT END OF SESSION**

1) Name of Medication (Listed on Reverse) \_\_\_\_\_

2) Date of Final Disposition of Medication Listed on Reverse \_\_\_\_\_

3) This medication was returned to the parent or guardian (Circle one)      Y      N      (If No, skip Items #4 & #5, then go to #6)

4) Name of the person to whom the medication was returned \_\_\_\_\_

5) Name of the Camp Staff Member who returned the medication \_\_\_\_\_

6) Signature of the Camp Staff Member responsible for returning or destroying the medication

\_\_\_\_\_ Date \_\_\_\_\_

7) Signature of the Person Witnessing the Destruction of the Medication

\_\_\_\_\_ Date \_\_\_\_\_