



AUTHORIZATION TO ADMINISTER MEDICATION

Please label a clear zip-lock bag with your child's name, your name, and the daytime phone number where you can be reached in an emergency. All prescription medication must be in its original container and have instructions and physician information printed on the label.

CAMPER INFORMATION – Part 1 of 4

I hereby request and authorize Girls Rock Math personnel/staff to administer prescribed medication as directed by our physician. I agree to release and hold harmless Girls Rock Math and any of their officers, staff or agents from lawsuit, claim, demand or action, etc. against them for administering prescribed medication to this camper provided Girls Rock Math and staff follow the orders as written below.

Child's Legal Name: _____

Birthday: _____ Camp Week: _____ Location: _____

MEDICATION INFORMATION – Part 2 of 4

Name of Doctor: _____ Phone: _____

| Name of Medication | Dosage | Method of Administration | Time of Day |
|--------------------|--------|--------------------------|-------------|
|--------------------|--------|--------------------------|-------------|

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|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

Diagnosis or reason for medication(s): _____

Possible side effects of medication(s): _____

There exists a valid health reason which makes administration of the medication advisable during camp hours. Yes No

If using an inhaler, specify the length of time between doses: _____

Camper can carry the prescribed inhaler on her person: Yes No

Camper is capable to self-administer medication: Yes No

I request and authorize the above named camper be administered the above identified medication in accordance with the instruction indicated above from _____ to _____ (not to exceed the camp session) by a Girls Rock Math staff member.

Parent Signature

Date

OVER →

PARENT/GUARDIAN AUTHORIZATION & RELEASE – Part 3 of 4

I, the undersigned, who is the parent/guardian of the camper named above, request the administration to my child the prescribed medication in accordance with the instructions as indicated above. ***I recognize that if I do not correctly follow all of the steps and fulfill all of the instructions above that I will be contacted and medication will be withheld until this form has been completed.*** I understand that I may be asked to pick up my child from program or come to the program to administer the medication myself if any part of this form is not completed or if my child's medication is not labeled correctly.

I understand that Girls Rock Math is not legally obligated to administer medication to my child, and therefore I agree to release and hold harmless Girls Rock Math and any of their officers, staff or agents from lawsuit, claim, demand or action, etc. against them for administering prescribed medication to this camper.

I will notify staff immediately if any medical or contact information changes.

Custodial Parent/Guardian Signature

Date

GIRLS ROCK MATH CAMP MEDICATION RECORD – Part 4 of 4

| Name of Medication | Dosage | Date & Time Taken | How Given | Signed |
|--------------------|--------|-------------------|-----------|--------|
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INDICATIONS:

For the safety of campers, all medication will be kept in the Site Director's possession and dispensed by the Site Director including over-the-counter medications. The only exceptions to this rule are inhalers, Epi-pens and some dermatological preparations.