Y CAMP MEDICATION FORM – PARENT'S AUTHORIZATION

Directions: Complete one form for each medication administered at camp. Return this parent's authorization form with medication and DHMH medication authorization form to camp on your camper's first day.

CAMPER INFORMATION

Camper Name	Birth Date

Y CAMP LOCATIONS (please select all that apply)

Arundel County	Baltimore City	Baltimore County	Carroll County	Harford County	Howard County
The Y in Pasadena 26 Magothy Beach Rd Pasadena, MD	**The Weinberg Y in Waverly** 900 E. 33rd St., Baltimore, MD	**The Y in Parkville** 8910 Waltham Woods Rd, Parkville, MD	**The Hill Y in Westminster** 1719 Sykesville Rd., Westminster, MD	**The Ward Y in Abingdon** 101 Walter Ward Blvd., Abingdon, MD	**The Dancel Y in Ellicott City** 4331 Montgomery Rd, Ellicott City, MD
The Y in Arnold 1209 Ritchie Hwy, Arnold, MD		**The Orokawa Y in Towson** 600 W. Chesapeake Ave., Towson, MD	**Camp Hashawha** 300 John Owings Road, Westminster, MD	**The Highlands School** 2904 Creswell Rd., Bel Air, MD	**St. John's PDS** 9130 Frederick Road, Ellicott City, MD
Camp Whippoorwill 520 Lake Shore Drive, Pasadena, MD		**The Y in Catonsville** 850 S. Rolling Road, Catonsville, MD		**Camp Spencer** 3373 Peach Orchard Rd, Street, MD	**Camp Ilchester** 5042 Ilchester Rd., Ellicott City, MD

PACKAGING INFORMATION

For prescription medications only

Is medication in original container or box with intact pharmacy label?

Pharmacy label must include directions, dosage, child's name and expiration date.

☐ Yes ☐ No - cannot be accepted

For non-prescriptions only

Is medication in original packaging with directions and dosage?

Original packaging must include directions, dosage, and expiration date.

☐ Yes ☐ No - cannot be accepted

PARENT/GUARDIAN SIGNATURE

I grant the Y in Central Maryland permission to administer the medications as outlined on the Department of Health and Mental Hygiene's Medication Authorization Form. I understand this form must accompany a completed DHMH Medication Authorization Form, complete with prescriber's signature.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

CAMP USE ONLY

CAMP USE ONLY: Check-In

1. Verify above information - complete and correct
2. Put medication and form in labeled, zipped bag
3. Put zipped bag in Med Box
4. Update Medical Alert Chart

STAFF NAME _____ DATE _____

CAMP USE ONLY: Check-Out

Date Last Dose Given	Medication has been:		Staff Name & Date
	☐ Returned to Parent	Date: _____	
	☐ Destroyed	Date: _____	
	☐ Depositon Form Complete	Date: _____	

Updated January 2019

MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

Maryland Department of Health (MDH)
Office of Healthy Homes and Communities
(410) 767-8417 or 1-877-4MD-DHMH ext. 8417
Draft Revision Date: 4/4/2018

This form must be completed fully in order for youth camp operators and staff members to adminter the required medication or for the camper to self-adminster medication. A new medication administration form must be completed at the beginning of each camp season, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Non prescription medication includes vitamins, homeophathic, and herbal medicines.
- An adult must bring the medication to the camp and give the medication to an adult staff member.

Section I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME (First Middle Last)

2. DATE OF BIRTH (mm/dd/yyyy) ____/____/_____

3. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 7b below unless more restrictive dates are specified in 3a and 3b. This authorization is NOT TO EXCEED 1 YEAR.

3a. FROM (mm/dd/yyyy) ____/____/_____

3b. TO (mm/dd/yyyy) ____/____/_____

	Medication Name	Condition Being Treated/PRN Parameters	Dose	Route	Frequency	OK to Self-Administer	OK to Self-Carry (Emerg Meds Only)
1						☐ Yes ☐ No	☐ Yes ☐ No ☐ Not emergency med
			Emergency Medication: ☐ Yes ☐ No Known side effects:				
2						☐ Yes ☐ No	☐ Yes ☐ No ☐ Not emergency med
			Emergency Medication: ☐ Yes ☐ No Known side effects:				
3						☐ Yes ☐ No	☐ Yes ☐ No ☐ Not emergency med
			Emergency Medication: ☐ Yes ☐ No Known side effects:				

4. PRESCRIBER'S NAME/TITLE

TELEPHONE FAX

ADDRESS

CITY STATE ZIP CODE

This space may be used for the Prescriber's Address Stamp

5a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here)
(original signature or signature stamp only)

5b. DATE (mm/dd/yyyy)

Section II. PARENT/GUARDIAN AUTHORIZATION

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

6a. PARENT/GUARDIAN SIGNATURE

6b. DATE (mm/dd/yyyy)

6c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION

6d. HOME PHONE #

6e. CELL PHONE #

6f. WORK PHONE #

Section III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)

THIS SECTION SHOULD ONLY BE COMPLETED IF ANY MEDICATIONS IN THE ASTHMA ACTION PLAN ABOVE ARE APPROVED FOR SELF-ADMINISTRATION. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I authorize self-administration of all of the medications listed in *Section I* above that are checked as "OK to self-administer" or "OK to self-administer and self-carry" for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated in *Section I*, the child named above may self-carry emergency medications checked as "OK to self-administer and self-carry."

7a. PRESCRIBER'S SIGNATURE
FOR SELF-ADMINISTRATION/SELF-CARRY

7b. DATE

8a. PARENT/GUARDIAN'S SIGNATURE
FOR SELF-ADMINISTRATION/SELF-CARRY

8b. DATE

Revision Date: 4/12/2018