



PARENT'S REQUEST TO SELF-ADMINISTER MEDICATION

A PHOTO OF CHILD MUST BE SUMITTED WITH FORM

You must provide the following to AACO Recreation & Parks in order for your child to self-administer medication at camp.

Prescription medication is furnished by the parent/guardian in a container labeled by the pharmacist or physician with:

- the name of the child, the name of the physician, the name of the medication, dosage, route and time, conditions for proper storage, prescription date and expiration date

Non-prescription medication must have a physician's signed order. It is furnished by the parents in a sealed container with the child's name written clearly on it in a position which does not obscure the label.

The child's physician must complete the Physician's Signed Order below

PHYSICIAN'S SIGNED ORDER FOR MEDICATION AT CAMP
Name of Child: Last First Middle DOB
Diagnosis:
Name of Medication:
Dosage: (mg, ml, ml/tsp, # of puffs)
Route: Time of administration at camp:
If PRN for what symptoms: How often:
Please list any specific precautions personnel should be aware of or any unusual effects that might be observed:
Services should begin: (date) and terminate: (date)
FOR INHALER AND EPI-PEN MEDICATION ONLY:
It has been determined that this child is able to self administer and carry inhalant medication or EpiPen and has been trained in its use including knowing when the medication is to be used.
This child should not carry inhalant/or self administer EpiPen medication.
Physician's Signature:
Physician's name (printed):
Address:
Phone: Date:

WE assure that the first dose of this medication has been given without problems and having read the above conditions, we request that the Anne Arundel County Recreation and Parks personnel supervise self administration of the medication as prescribed by Physician above to our child.

Parent/Guardian Signature:
Parent/Guardian Name (printed): Date: