

Self-Administration of Medication Authorization Form

Camper Name: _____ Date of Birth: ____/____/____

Medication: _____

The camper named above has been instructed in the proper administration of the medication listed. We, the camper's physician and parent/guardian, request that this camper be permitted to self-administer this prescription medication. We consider him/her responsible for its administration. We authorize him/her to do so. He/she has been instructed in and understands the purpose and appropriate method, frequency, dosage, and use of his/her medication.

We, the undersigned, acknowledge that we have read the Administration of Medication Policy and we agree to abide by its provisions.

We, the undersigned, release the Avon Old Farms Summer Camps and its employees of any and all liability resulting from this camper's possession and self-administration of his/her medication. We acknowledge that, from this day forward, Avon Old Farms Summer Camps assumes no supervisory responsibility over the student's self-administration of the above-listed medication(s).

Physician Name – Please Print _____

Physician Signature _____ Date: _____

Address:

Telephone Number:

Parent/Guardian – Please Print _____

Parent/Guardian Signature _____ Date: _____

Address:

Telephone Number:
