



Prescribed Medication Administration Form

(Authorization to Administer/Dispense Prescription Medications by MOXI Staff)

Prescription Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, authorized prescriber's name and date of the original prescription.

(This Section MUST be SIGNED by a legally authorized prescriber (e.g. Physician or Dentist))

AUTHORIZED PRESCRIBER'S ORDER: Date ____/____/____

Name of Child _____

Date of Birth ____/____/____

Street Address _____

City/Town _____ State ____

Condition for which drug is being administered during camp hours _____

DRUG: Name of Drug, Dose and Method of Administration _____

Times of Administration: ____, ____, ____ Medication shall be administered from
____/____/____ - ____/____/____

Relevant side effects to be observed, (if any):

If there are side effects to medication(s), what is the plan for management?:

Is this a controlled drug?

Allergies: Reaction to, or negative interaction with food or drugs? If YES, list :

The legally authorized Prescriber's Name

(Print Name Clearly)

Phone # (____) _____

Street Address _____

City/Town _____ State ____

Authorized Prescriber:

Signature _____

(Parent or Guardian, please complete Parent/Guardian Authorization as well)



Authorization for Prescribed Medications

Authorization by Parent/Guardian for the administration of the above medication: Date: ____/____/____

(Parent or Guardian's Signature Required)

I hereby agree that the above medication, ordered by the legally authorized prescriber: (M.D., P.A., APRN) for my child _____, may be dispensed by camp personnel.

I understand that I must supply the MOXI Summer Camp with the prescribed medication in the original container, dispensed and properly labeled by a legally authorized prescriber. Over the counter medication shall be in the original container, labeled by the parent/guardian with the child's name (use separate Nonprescription Medication Permission form). If administered by MOXI Staff, I understand that the person giving the medication may not be medically trained. I agree to inform MOXI immediately of any changes relating to the medication or other medical information, including changes in when or if the medication is taken or any reaction to the medication. I agree that when the medication(s) is/are discontinued, or upon completion of the camp, I will pick up all unused medication. Unclaimed medications may be discarded or destroyed.

Name of Parent or Guardian _____ (Print Name Clearly)

Signature _____

Relationship to child _____

Address _____

City/Town _____ State _____

Zip Code _____ Phone (____) _____

(Authorization to Dispense Nonprescription Medications is a Separate Form – See Attached)



Over the Counter Medication Form

MEDICATION MUST BE BROUGHT IN THE ORIGINAL CONTAINER

Child: _____ Date of birth (age): _____

TO BE COMPLETED BY THE PARENT OR GUARDIAN:

Reason for medication: _____

Name of medication: _____

Form of medication/treatment: ___ Tablet/Capsule ___ Injection ___ Liquid
___ Inhaler ___ Other _____

Instruction: (list specific times dosage should be given): _____

Start date: _____ Stop date: _____

___ For episodic/emergency events only

RESTRICTIONS and/or important side effects:

___ NONE anticipated

___ Yes Write clearly on the reverse side of this form any specific restrictions or side effects.

Special requirements: ___ None ___ Refrigerate ___ Other: _____

Physician Name: _____

Address: _____

Phone: _____

I give permission for (name of child) _____ to receive the above medication at MOXI Summer Camp. I understand that the person giving the medication may not be medically trained. I agree to inform the MOXI immediately of any changes relating to the medication or other medical information, including changes in when or if the medication is taken or any reaction to the medication. When medication is discontinued, or upon completion of the camp, I will pick up all unused medication. Unclaimed medications may be discarded or destroyed.

Date: _____ Signature: _____