



**PECONIC DUNES SEA ADVENTURES 4-H CAMP
Medication Authorization Form**

***This document must be completed and signed by a licensed health care provider.
Only lifesaving medications will be permitted at Sea Adventures Camp.
Campers must be able to self-administer and self-carry.
No medications will be permitted at camp without a valid form on file.***

Camper Name _____ Date of birth ____/____/____

Parent/Guardian Name _____ Phone Number _____

This camper will take the following medication(s) while at camp.

Name of medication	Dosage	Schedule	Specific instructions (take with food, must be refrigerated, self-carry etc.)

If there are any changes to medications, a new form will be required prior to camper attending.

I have reviewed and verified the information on this form and provide the above standing orders for medication administration. I understand that the camp health designee/RN will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

Health care provider signature _____ Date _____

Phone _____ Address _____

SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

I authorize the camper to self-carry and self-administer. I understand that Peconic Dunes Sea Adventures 4-H Camp will not be responsible for any lost or stolen medication. By authorizing the camper to self-carry and self-administer, I/We certify that the camper named above knows how and when to use the medication and assume all risks associated with self-administration.

Parent/Guardian Signature: _____ Date: _____

**A copy of this form must be uploaded to the campers registration and a physical copy must accompany the medication to camp.
Medications must be in the original pharmacy container including label with name of camper and medication.
NO EXPIRED MEDICATIONS MAY BE BROUGHT TO CAMP.
See parent handbook for full medication instructions.**