



Request to Give Medication Form

For administering Medicine to a Camper at RMCC

A separate written Authorization and Release Form must be submitted each year for each medication to be administered.

[Parent Completes]

Camper's Name: _____ Camper's Age: _____

Date of Birth: _____

Camper's Allergies: _____

Parent/Guardian Name: _____

Parent/Guardian Emergency Contact Information: _____

[Health Care Provider Completes] **Health Care Provider Authorization and Directions**

Name of Medicine: _____

The Medicine is: Prescription Nonprescription

Purpose of Medicine: _____

Dosage: _____ Route of Administration: _____

Time(s) the Medicine is to be Administered: _____

Starting Date: _____ Ending Date: _____

(all authorizations expire at end of camp each year)

Possible Side Effects of Medication: _____

Printed Name of Health Care Provider: _____ Office phone: _____

Signature of Health of Provider: _____ Date: _____

Special Instructions

Prescription Medication: Must be furnished in the original pharmacy labeled container. The camper's name, name of prescription, dosage, name of prescribing health care provider (who is required to furnish Health Care Provider Authorization and Directions above), date prescription was filled, and expiration date must be printed on the medicine container's pharmacy label.

Nonprescription Medication: Must be furnished in the original container labeled by the pharmaceutical company or other commercial distributor of the medicine.

[Parent Reads and Signs] **Parent/Guardian Request, Permission, and Release**

I hereby request and give my permission for RMCC to administer my child the medicine named in the Health Care Provider Authorization and Directions, as specified by the health care provider. In connection with my request, I hereby authorize the health care provider to provide information to RMCC personnel who may be involved in administering the medicine to my child. If my request is granted (as noted by the RMCC authorization signature in the RMCC Authorization below), I hereby release and hold harmless the RMCC and its board members, employees and agents from any and all liability, claims, causes of action, damages and demands of any kind whatsoever (except willful and wanton acts of omissions) that may be brought by my child or on my child's behalf for any and all damages, including personal injury to my child, arising out of in connection with the administering of medicine to my child as provided above.

Signature of Parent/Guardian: _____ Date: _____

RMCC Authorization:

RMCC Authorized Signature: _____ Date: _____

Please print out form for each medication to be administered and bring with to Registration on first day of camp. RMCC staff will go over the form for each medication provided. Forms will be kept with the medications during camp until medications on the last day. All forms will be kept on file by RMCC. Health Care Provider signatures required only on prescription medications, this is not required for nonprescription medications.