MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

This form must be completed fully in order for youth camp operators and staff members to adminter the required medication or for the camper to self-adminster medication. A new medication administration form must be completed at the beginning of each camp season, and each time there is a change in dosage or time of administration of a medication.

Maryland Department of Health (MDH) Office of Healthy Homes and Communities (410) 767-8417 or 1-877-463-3464 ext. 78417 Draft Revision Date: 4/4/2018

- Prescription medication must be in a container labeled by the pharmacist or prescriber.

Nonprescription medication must be in the original container with the instructions for use. Non prescription medication includes vitamins, homeophathic, and herbal medicines.
 An adult must bring the medication to the camp and give the medication to an adult staff member.
 Section 1 DRESCRIBER'S ALITHORIZATION

3. MEDICATION SHALL BE ADMINISTERED 3a. FROM (mm/dd/yyyy) 3b. TO (mm/dd/yyyy) 1 3a. FROM (mm/dd/yyyy) 3b. TO (mm/dd/yyyy) 1 3a. FROM (mm/dd/yyyy) 3b. TO (mm/dd/yyyy) 1 2	Section 1. PRESCRIBER 5 AUTHORIZATION 2. DATE OF BIRTH (mm/dd/yyyy) / /									
Medication Name Condition Being Treated/PRN Parameters Dose Route Frequency Ok to Self-Administer							a. FROM (mm/dd	//		
1 Imagency Medication: I Ye IN Known side effects: 2 Imagency Medication: I Ye IN Known side effects: 3 Imagency Medication: I Ye IN Known side effects: 4 Imagency Medication: I Ye IN Known side effects: 5 Imagency Medication: I Ye IN Known side effects: 6 Imagency Medication: I Ye IN Known side effects: 7 Imagency Medication: I Ye IN Known side effects: 7 Imagency Medication: I Ye IN Known side effects: 8 Imagency Medication: I Ye IN Known side effects: 9 Imagency Medication: I Ye IN Known side effects:							Self-Administer	OK to Self	-Carry (Emerg Meds Only)	
Image of the set of the	1					🗆 Yes	□ No	□ Yes □	No 🗆 Not emergency med	
2	1		Emergency Medication: Yes No Known side effects:							
Image and Medication: Emergency Medication: Ves No Known side effects: 3 Image and Medication: Ves No	2					□ Yes	□ No	□ Yes □	No 🗆 Not emergency med	
3	2	Emergency Me	edication: 🗆 Yes 🗆 No	Known side effect	ts:					
Image: series of the series						🗆 Yes	□ No	□ Yes □	No 🗆 Not emergency med	
4 Emergency Medication: • Yes • No Known side effects: 5	3		Emergency Medication: Yes No Known side effects:							
1 Emergency Medication: :: Yes :: No Known side effects: 5 Imagency Medication: :: Yes :: No Known side effects: 6 Imagency Medication: :: Yes :: No Known side effects: 7 Imagency Medication: :: Yes :: No Known side effects: 8 Imagency Medication: :: Yes :: No Known side effects: 9 Imagency Medication: :: Yes :: No Known side effects:					□ Yes □ No □ Yes □ No □ Not emergency med				No 🗆 Not emergency med	
5	4		Emergency Me	edication: □ Yes □ No	Yes 🗅 No Known side effects:					
6 Emergency Medication: " Yes " No Known side effects: 7 Yes " No " Not emergency Medication: " Yes " No Known side effects: 7 Yes " No " Not emergency Medication: " Yes " No Known side effects: 8 Imagency Medication: " Yes " No Known side effects: 9 Imagency Medication: " Yes " No Known side effects: 9 Imagency Medication: " Yes " No Known side effects:						□ Yes	□ No	□ Yes □	No 🗆 Not emergency med	
6	5		Emergency Me							
6						🗆 Yes	□ No	□ Yes □	No □ Not emergency med	
7 Emergency Medication: \u00ed Yes \u00ed No Known side effects: 8 Yes \u00ed No \u00ed Yes \u00ed No \u00ed Not emergency med 9 Yes \u00ed No \u00ed Not emergency Medication: \u00ed Yes \u00ed No Known side effects:	6		Emergency Me	edication: 🗆 Yes 🗆 No	Known side effect	1	-			
7 Emergency Medication: \u00ed Yes \u00ed No Known side effects: 8 Yes \u00ed No \u00ed Yes \u00ed No \u00ed Not emergency med 9 Yes \u00ed No \u00ed Not emergency Medication: \u00ed Yes \u00ed No Known side effects:									No. □ Not emergency med	
B Image: Constraint of the state of the sta	7		Emergency Me	edication: 🗆 Yes 🗆 No	Known side effect		2.1.0	1100 1		
8 Emergency Medication: Yes No Known side effects: 9 Image: Comparison of the second seco					~	1				
9 Image: Constraint of the state of the sta	8		Emergency Me	edication: TYes TNC	Known side effect					
9 Emergency Medication: Yes No Known side effects: Yes No Yes No Not emergency medi			Linergency me		nio in side effect	1				
Yes No Not emergency med	9		Con and an air Ma	diantian Vac Ma	Known eide offeet	1	LI No	∐ Yes ∐	No D Not emergency med	
	10					1	□ No	□ Yes □	No 🗆 Not emergency med	
Emergency Medication: Yes No Known side effects:										
11	11					□ Yes	□ No	□ Yes □	No D Not emergency med	
Emergency Medication: 🗆 Yes 💷 No Known side effects:			Emergency Me	edication: 🗆 Yes 🗈 No Known side effects:						
12 9 Yes D No D Yes No D Not emergency med	12					□ Yes	□ No	□ Yes □	No 🗆 Not emergency med	
Emergency Medication: □ Yes □ No Known side effects:			Emergency Me	edication: 🗆 Yes 🗆 No	Known side effect	ts:				
13 9 9 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	13					🗆 Yes	□ No	□ Yes □	No 🗆 Not emergency med	
Emergency Medication: Yes No Known side effects:	10		Emergency Me	edication: 🗆 Yes 🗆 No	Known side effect	ts:				
4. PRESCRIBER'S NAME/TITLE This space may be used for the Prescriber's Address Stamp	4. PRESCRIBER'S NAME/TITLE	This	This space may be used for the Prescriber's Address Stamp							
ADDRESS				_						
CITY STATE ZIP CODE 5a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) 5b. DATE (mm/dd/yyyy)								5b. DATE	(mm/dd/vvvv)	
(original signature or signature stamp only)									() · · · / / / / /	
Section II. PARENT/GUARDIAN AUTHORIZATION I request the authorized youth camp operator, staff member or volunteer to administer the medication or to supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to conser	I request the authorized youth camp operator, s		-			bed by the	above authorized prescr	iber. I certify tl	nat I have legal authority to consent	
to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA										
6a. PARENT/GUARDIAN SIGNATURE 6b. DATE (mm/dd/yyyy) 6c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION	6a. PARENT/GUARDIAN SIGNATURE 6b. DATE				(mm/dd/yyyy) 6c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION					
6d. HOME PHONE # 6f. WORK PHONE #	6d. HOME PHONE # 6e. CELL PHONE #				6f. WORK PHONE #					
Section III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)										
THIS SECTION SHOULD ONLY BE COMPLETED IF ANY MEDICATIONS IN THE ASTHMA ACTION PLAN ABOVE ARE APPROVED FOR SELF-ADMINISTRATION. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.										
authorize self-administration of all of the medications listed in Section I above that are checked as "OK to self-administer" or "OK to self-administer and self-carry" for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated in Section I, the child named above may self-carry emergency medications checked as "OK to self-administer and self-carry."										
7a. PRESCRIBER'S SIGNATURE 7b. DATE 8a. PARENT/GUARDIAN'S SIGNATURE 8b. DATE For sub-radiumistration/sub-care 7b. DATE 8a. PARENT/GUARDIAN'S SIGNATURE 8b. DATE	7a. PRESCRIBER'S SIGNATURE	8	8a. PARENT/GUARDIAN'S SIGNATURE					8b. DATE		