

**HARTFORD PARKS AND RECREATION DEPARTMENT  
MEDICAL AUTHORIZATION**

*Camp directors will give no medication until this form is completed and returned to them. Please carefully read the instructions below. If these procedures are not followed we will not be able to administer any medication to your child.*

**PRESCRIBED MEDICATION:**

1. We must receive any prescribed medication in its original packaging and/or bottle.
2. It must identify the prescribing physician, the name of the medication, the dosage, and the frequency of administration.
3. All information on the bottle must also match the information that you fill out below.

**NON-PRESCRIPTION MEDICATION:**

1. Must be received in original packaging and/or bottle.
2. Parents must write out dosage and frequency of administration on a separate piece of paper and attach or place it in the original packaging.
3. This information must also match the information that you fill out below.

**Consent to Administer Medication**

**This form is good for one week of camp. A new form must be filled out each week that medication will be given while your child is at camp. You can obtain a new form, when needed, from the director of the camp.**

Child's Name: \_\_\_\_\_ Gender: M F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Prescribing Physician \_\_\_\_\_ Office Phone # \_\_\_\_\_

**Medication:**

**Medication #1** \_\_\_\_\_ Dosage \_\_\_\_\_  
 Times to be administered: \_\_\_\_\_ Refrigerate: Yes \_\_\_ No \_\_\_  
 Side effects \_\_\_\_\_  
 Stop medication if the following reactions occur: \_\_\_\_\_

**Medication #2** \_\_\_\_\_ Dosage \_\_\_\_\_  
 Times to be administered: \_\_\_\_\_ Refrigerate: Yes \_\_\_ No \_\_\_  
 Side effects \_\_\_\_\_  
 Stop medication if the following reactions occur: \_\_\_\_\_

**Medication #3** \_\_\_\_\_ Dosage \_\_\_\_\_  
 Times to be administered: \_\_\_\_\_ Refrigerate: Yes \_\_\_ No \_\_\_  
 Side effects \_\_\_\_\_  
 Stop medication if the following reactions occur: \_\_\_\_\_

*I hereby give permission for my child to take the above listed prescription medication(s), as ordered, at the Hartford Recreation Department's Summer Camp Program. I give permission for this medication to be administered by the Camp Director or his/her designee.*

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medication Log: (To be completed by camp staff only)**

**For the week of:** \_\_\_\_\_

Name of Medication	Dosage	Time medication taken each Day				
		MON	TUE	WED	THUR	FRI
1.						
2.						
3.						