



# Day Camp Medication Authorization - 2023

New York State Law and the Town of Mamaroneck Recreation Department require that campers who need medication during camp hours provide the Camp Health Office with the following:

1. This form completed and signed by the prescribing Physician and Parent/Guardian.
2. The medication must be in the original container for any prescribed and for any over the counter medications.
3. Complete a separate Medication Authorization form for each individual medication.
4. Expired medication will not be accepted.
5. Place medication(s) and this form(s) in a zip lock bag with your child's name on it.
6. **Hand in this form(s) and medication(s) the first day of camp to the Camp EMT office.**

\* \* \* \* \*

**~ TO BE COMPLETED BY PARENT/GUARDIAN (PLEASE PRINT CLEARLY) ~**

Name of Camper: \_\_\_\_\_ Grade in Sept. 2023 \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent name: \_\_\_\_\_ Parent name: \_\_\_\_\_

Daytime # (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Daytime # (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Cell # (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Cell # (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

***I hereby grant permission to the camp EMT and administrative staff to store and to supervise the self-administration of my child's medication as detailed below by our physician.***

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**~ To be completed by the Physician (please print neatly) ~**

Diagnosis: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

Time(s) to be taken during Camp hours: \_\_\_\_\_

Date to start: \_\_\_\_\_ Date to End: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Special Considerations: \_\_\_\_\_

\_\_\_\_\_  
**Print Name of Physician** (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ **Phone Number**

\_\_\_\_\_  
**Physician's Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code**

\_\_\_\_\_  
**PHYSICIAN'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_