

Hartford's Camp Courant 2023 Camp Season

Authorization for the Administration of Medications and/or Blood Glucose Test

Connecticut State Law requires a physician's or dentist's written order and parent/guardian's authorization for a nurse to administer medications and/or Blood Glucose Tests in a youth camp setting. **All medications signed for must come with campers on his/her first day and must be in pharmacy-prepared containers and labeled with the name of the camper, strength, dosage, frequency, physician or dentist name, and the date of the original prescription. Over the counter medications and Blood Glucose Tests must be in the original container, unopened, and labeled with the camper's name.** All medications may be picked up August 7th-11th between 8:00 a.m. and 3:00 p.m. Medications not picked up will be destroyed.

To Be Completed By Camper's Physician (If Applicable)

Camper Name: _____ Physician Name: _____

Medication	Condition	Dose	Method of Administration	Frequency

Relevant Side Effects/Management: _____

Allergy/Food Interactions with Medication: _____

Please List All Controlled Medications: _____

Can the Camper Self-Administer Medication? (camper may not self-administer Blood Glucose Test) ☐ YES ☐ NO

Does This Camper Have A Care Plan? ☐ YES ☐ NO (If Yes, please attach a copy and sign)

Restrictions/Additional Comments: _____

Parent Name _____ Parent Signature _____ Date _____ Parent Contact # _____

Physician Signature _____ Date _____ License # _____

Address _____ City _____ State _____ Zip Code _____