



Burgundy Farm Summer Day Camp
3700 Burgundy Road, Alexandria, VA 22303 703-960-3431

Medication Authorization for Summer Camp 2020
One Authorization Per Medication

THIS SECTION IS TO BE COMPLETED BY YOUR CHILD'S PHYSICIAN FOR ALL PRESCRIPTION MEDICATIONS AND OVER THE COUNTER MEDICATIONS PRESCRIBED FOR OVER 10 DAYS

I affirm that, in my opinion, it is medically necessary to administer _____
(Medication name)
to _____ during camp hours.
(Child's name)

The medication name and brand must match the medication the parent provides to camp.

Dosage (e.g. 5 ml) _____ **Time of day to administer medication** _____

Circle frequency if the medication will be administered more than once during the day (circle one)

10 minutes 15 minutes 4 hours Not applicable

List diagnosis, signs and symptoms (e.g. hives, swelling): _____

List specific triggers for your child (e.g. pollen) _____

This authorization is effective from: _____ to _____

(Physician's Signature)

Printed Physician's Name and Address

Date: _____

Physician's Telephone: _____

PARENTAL AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

Note: In the case of anaphylaxis 911 (EMS) will be called

I GIVE PERMISSION for my child (named above) to take the medication listed in this form during school hours at BFSDC as ordered by his/her physician identified above. If my child is enrolled in extended day and has needs medications, I will provide BFSDC with two (2) sets of the medication. If my child rides the bus, I will provide a third set for the bus. I understand that BFSDC, its officers, agents, and/or camp employees who administer this medication to my child, in accordance with **written and specific instructions from the prescriber**, shall not be liable for damages as a result of adverse drug reaction or any other injury suffered by my child due to the administration or failure to provide the drug. The camp reserves the right not to administer medication should the circumstances warrant such actions. **If my child takes daily medications at school or if emergency medication is needed, I understand that it is my responsibility to drop off medications with completed forms for each medication before I drop off the medication to the school. I will also request to meet with the Health Coordinator before the first day of camp. I understand these rules are mandatory for my child to attend camp.**

I understand that all medications brought to the camp must be in the manufacturer container, properly labeled with the camper's name. I understand that prescription medications must have the pharmacy label attached, and the school will use the pharmacy label discard date as the expiration date. A complete form includes dosage amount, repeat dosage schedule, specific triggers for my child, signs and symptom, physician and parent signature, and authorization dates. The camp **WILL NOT ACCEPT EXPIRED MEDICATIONS**. I agree to drop off and pick up medications in person following the parent handbook guidelines. **Medications will be discarded five days after camp ends or authorization expires.**

My signature below acknowledges that I agree with the above statements and will comply with its requirements.

Parent/Guardian Signature (REQUIRED)

Date

Summer 2020

CAMP YEAR