

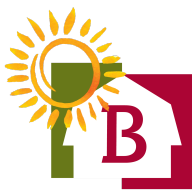


## **Burgundy Farm Summer Day Camp Drug/Medication Authorization Form**

If your child requires medications administered at camp, please read the following information which contains instructions and information regarding the Virginia state legal requirements.

### **Medication Forms**

- a. BFSDC Drug/Medication Authorization Forms **must be received by June 1, 2024.**
- b. Due to **Virginia state** regulations, **only BFSDC Drug/Medication Authorization Forms will be accepted** for medication administration at BFSDC.
- c. Children who will require medications administered at camp will **not** be allowed to attend camp unless these forms are completed and turned in to the Camp Health Coordinator's office, or to the Camp Administration prior to your camp session starting.
- d. A separate BFSDC form must be completed for each over-the-counter and/or prescription medication that will be administered at school.
- e. New authorization forms must be completed each summer, even if there has been no change with the medication from the previous summer.
- f. The doctor's directions must be specific to the camper's condition.
- g. Both the parent(s)/guardian and a physician must complete and sign the form.
2. **Pick up and drop off Medications by Parents or guardians in Person:**
  - a. Due to Virginia state regulations, parent(s) are responsible for personally delivering medications at the beginning of their camper's session
  - b. Also, parents are responsible for pick-up and replacing medications whenever prescriptions medications and OTC medications change or expire.
  - c. **Pick up by the last day of your camper session. Schedule a time with the Camp Health Coordinator early in the season and mark your calendar.**
    - i. If your camper will be enrolled in more than one session, you must make arrangements with the Camp Health Coordinator to pick up your medication(s) between sessions
  - d. THE CAMP HEALTH COORDINATOR, HUGH SQUIRE, OR STEPHANIE SALINAS MUST BE AVAILABLE TO RECEIVE AND RECORD RECEIPT OF YOUR CHILD'S MEDICATION.
3. **Medication compliance:**
  - a. ALL medications must be in their **original/manufacture containers.**
  - b. ALL medications prescriptions and over the counter must be current/not expired.
  - c. **For prescription medication, the original pharmacy label must be attached to the box/bottle/original container.**
  - d. The medication must have a current pharmacy label, not expired.
  - e. Prescription medications are not compliant without a pharmacy label attached to the manufacturer container/bottle/box and will not be accepted.
4. **Extended medication compliance:**
  - a. If your child will be enrolled in morning or afternoon extended care, **a second set of medications must be kept in extended care.** For example, One EpiPen in the clinic and an additional EpiPen (Single dose or 2 Pack in original box with pharmacy label) for extended care.
  - b. This additional medication must be provided to the Camp Health Coordinator, who will deliver it to the Directors of Summer Camp Day.
5. **Medication disposed of after the authorization period ends:**
  - a. ALL medications will be disposed of five business days after the prescription period ends or after your camper session ends, whichever comes first.



**Burgundy Farm Summer Day Camp**

3700 Burgundy Road, Alexandria, VA 22303 | 703-960-3431

**Medication Authorization Summer Camp 2024**

**One Authorization Per Medication**

**THIS SECTION IS TO BE COMPLETED BY YOUR CHILD'S PHYSICIAN FOR OVER-THE-COUNTER (OTC) MEDICATIONS**

I affirm that, in my opinion, it is medically necessary that the medication described below be administered to \_\_\_\_\_ during camp hours and that school staff may administer this medication.  
(Child's name)

Drug Name (must match medication provided by parent) \_\_\_\_\_

**Dosage** (e.g. 5 ml) \_\_\_\_\_ **Time of day medication will be administered** \_\_\_\_\_ **Repeat dosage during camp** (circle one) 10 minutes 15 minutes 4 hours Not applicable

Cause of allergic reaction/trigger for which medication needs to be administered:

- Ingestion     Skin Contact     Inhalation     Insect sting or bite

Other, **list triggers** (e.g. pollen) \_\_\_\_\_

Specify signs and symptoms when medication is needed (e.g. hives, swelling): \_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
(Signature of Physician)

\_\_\_\_\_  
(Printed Name and Address of Physician)

Physician's Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENTAL AUTHORIZATION FOR ADMINISTRATION OF MEDICATION**

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

**I HEREBY GIVE PERMISSION** for my child (named above) to take the medication listed above at BFSDC as ordered by his/her physician identified above. If my child attends morning or afternoon extended day and requires medication, I will supply BFSDC with 2 unexpired medications in the manufacturer box with pharmacy labels attached to each box (1 box for the clinic and 1 box for extended day). **I understand these rules are mandatory for my child to attend school.** 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 medication on a daily basis or if emergency medication is needed, I understand that it is my responsibility to drop off medications with completed forms for each medication including a meeting with the Health Coordinator prior to the first day of camp.**

I understand that all medication brought to the camp must be in the manufacturer container, properly labeled with the camper's name, dosage amount, repeat dosage, cause of allergic reaction for which medication needs to be administered, and I must provide specific signs and symptoms for when medication is needed. EXPIRED MEDICATION WILL NOT BE ACCEPTED. I agree to pick up ALL my medications by the end of my camper's session. Medications will be discarded five days after the authorization expires. **My signature below acknowledges that I agree with the above statements and will comply with its requirements.**

\_\_\_\_\_  
Parent/Guardian Signature (REQUIRED)

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAMP YEAR (YY)



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**Medication Authorization Summer Camp 2024**

**One Authorization Per Medication**

**THIS SECTION IS TO BE COMPLETED BY YOUR CHILD’S PHYSICIAN FOR PRESCRIPTION MEDICATIONS**

I affirm that, in my opinion, it is medically necessary that the medication described below be administered to \_\_\_\_\_ during camp hours and that school staff may administer this medication.  
(Child’s name)

Drug Name (must match medication provided by parent) \_\_\_\_\_

**Dosage** (e.g. 5 ml) \_\_\_\_\_ **Time of day medication will be administered** \_\_\_\_\_ **Repeat dosage during camp** (circle one) 10 minutes 15 minutes 4 hours Not applicable

Cause of allergic reaction/trigger for which medication needs to be administered:

- Ingestion     Skin Contact     Inhalation     Insect sting or bite

Other, **list triggers** (e.g. pollen) \_\_\_\_\_

Specify signs and symptoms when medication is needed (e.g. hives, swelling): \_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
(Signature of Physician)

\_\_\_\_\_  
(Printed Name and Address of Physician)

Physician's Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENTAL AUTHORIZATION FOR ADMINISTRATION OF MEDICATION**

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

**I HEREBY GIVE PERMISSION** for my child (named above) to take the medication listed above at BFSDC as ordered by his/her physician identified above. If my child attends morning or afternoon extended day and requires medication, I will supply BFSDC with 2 unexpired medications in the manufacturer box with pharmacy labels attached to each box (1 box for the clinic and 1 box for extended day). **I understand these rules are mandatory for my child to attend school.** 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 medication on a daily basis or if emergency medication is needed, I understand that it is my responsibility to drop off medications with completed forms for each medication including a meeting with the Health Coordinator prior to the first day of camp.**

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\_\_\_\_\_  
Parent/Guardian Signature (REQUIRED)

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAMP YEAR (YY)