



MEDICATION REQUEST AND AUTHORIZATION

NAME _____

PARENTS _____

PHONE #'s _____

MEDICINE _____ **RM #** _____

DIRECTIONS: WHEN _____

AMOUNT _____

If "as needed" state the specific symptoms or conditions

I, the parent or legal guardian of the above named player, have read and understand the Medication Policies and Procedures for Higher Level Camps, Inc. ("HLC") programs. I understand that medications are NOT given by licensed medical professionals but by designated HLC staff. I give my permission for HLC staff to administer to my child the medication listed above according to the above directions. Further I give permission for my child to carry and self administer the medication authorized below. I understand that except as authorized below my child is prohibited from possessing or self administering both prescription and non prescription medication. I give HLC permission to share relevant health information about my child and the administration of this medication with the appropriate HLC staff.

PARENT SIGNATURE

DATE

For Insulin, PRN Asthma Inhalers or Epi Pens only

TO BE FILLED OUT BY LICENSED PRESCRIBER

YES **NO** This child has received adequate instruction about how and when to administer this medication and in my professional opinion is capable and responsible to self-administer it.

YES **NO** Due to the need for this child to have this medication immediately accessible , I recommend he/she be allowed to have this medication in his/her possession and to use it as prescribed.

Licensed Prescriber's Name _____

Licensed Prescriber's Signature _____ Date _____

MEDICINE CHART FOR CAMPERS

DOCUMENT _____

DORM MOM/ DAD SIGNATURE

DATE