**MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland**

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Non prescription medication includes vitamins, homeopathic, and herbal medicines.
- An adult must bring the medication to the camp and give the medication to an adult staff member.

### Section I. PRESCRIBER'S AUTHORIZATION

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Condition Being Treated/PRN Parameters</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>OK to Self-Administer</th>
<th>OK to Self-Carry (Emerg Meds Only)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Emergency Medication: ☐ Yes ☐ No Known side effects:

### Section II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to administer the medication or to supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.

5a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only)

5b. DATE (mm/dd/yyyy)

### Section III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)

7a. PRESCRIBER'S SIGNATURE

7b. DATE

7c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION

7d. HOME PHONE #

7e. CELL PHONE #

7f. WORK PHONE #

This section should only be completed if any medications in the asthma action plan above are approved for self-administration. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I authorize self-administration of all of the medications listed in Section I above that are checked as "OK to self-administer" or "OK to self-administer and self-carry" for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated in Section I, the child named above may self-carry emergency medications checked as "OK to self-administer and self-carry."

8a. PARENT/GUARDIAN'S SIGNATURE

8b. DATE

MDH-4758-A (12/2019)