



**Montgomery Sports Association  
Potomac, MD 20854  
(301) 983-2227**

## **Authorization for Medication** *(Please read and follow all instructions carefully.)*

**This form must be completed in order for your child to receive required medication during camp hours. A separate medication administration authorization form must be submitted for each medication.**

- ◆ *Since Staff personnel are not health professionals with training in medication administration, campers must be able to self-administer medications. The program director or Assistant Director will oversee the child or teen as he/she self-administers the medication to ensure that the medication is taken at the designated time(s) and that it is administered correctly by the child or teen.*
- ◆ *Exceptions to this procedure are as follows: MSA STAFF will administer an Epi-pen or Epi-pen Jr., and then call for emergency medical treatment (911). If the physician's order includes a repeat injection, the parent must supply a second Epi-pen or Epi-pen Jr.*
- ◆ *If it is necessary for a child or teen under the age of 18 to take over-the-counter or prescribed medication during program hours, this form must be completed in full by the parent or guardian and the child or teen must have taken the medication at least once without any negative reaction before bringing it to the camp.*
- ◆ *All medications must be brought to the program in the original pharmaceutical container and labeled with the child or teen's name, medication dosage and schedule. Only the exact amount of medication should be delivered to the camp. If the parent does send more than the specific quantity and does not collect the unused medication within one week after the program has ended, MSA will discard the unclaimed medication. All measuring utensils used for administering medications must be labeled with the child or teen's name and brought in with the medication. All half dosages must be split prior to the camp.*
- ◆ *A parent/guardian is expected to hand-deliver medication along with this form, to MSA personnel responsible for medication, unless the child or teen is authorized by the parent and physician to carry the medication and the form.*
- ◆ *MSA Staff will store the medication in a secured, non-refrigerated area that is accessible only to authorized personnel.*

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**Authorization for Medication**

**1. Physician's Authorization**

Authorization for Medication for: \_\_\_\_\_  
(name of child or teen)

Condition: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage and schedule during camp hours: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Side effects: \_\_\_\_\_

Camper has allergies to the following medication: \_\_\_\_\_

**Asthma Inhaler**

Asthma Inhaler

Instructions: \_\_\_\_\_

**Epinephrine Injection**

Give the injection indicated below immediately after report of exposure to:

\_\_\_\_\_

Epi-pen

Epi-pen Jr.

Repeat dose of epinephrine in 15 minutes, if the emergency team has not arrived.  
(must supply a second pre-measured injection)

**Authorization for the Child or Teen to Carry and Self-Administer Medication**

The above named child or teen may carry this medication with him/her during recreation hours. He/she has received adequate information on how and when to use this medication, and I believe he/she can safely carry and self-administer it.

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

## 2. Parent Authorization for Medication

Authorization for Medication for: \_\_\_\_\_  
(name of child or teen)

Check each box that applies:

- I authorize my child to take the medication as directed by his/her physician.
- I authorize my child to carry and self-administer medication during camp hours as directed by his/her physician.
- I authorize MSA personnel to administer an Epi-pen or Epi-pen Jr. for my child as directed by his/her physician.

I have read the instructions on page 1 that clarify the medication administration procedures, and I assume the responsibilities indicated. I agree to release MSA, its staff members and employees, from all liability for administering prescribed medication to \_\_\_\_\_, provided MSA staff are following the physician's/pharmacist's order as written on the medication.

I understand that I must collect any unused medication no later than one week after the camp ends, or the MSA will discard the medication.

Parent Name (print): \_\_\_\_\_ Day Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_