



5521 Michigan Blvd.  
Concord, CA 94521  
Office/Fax: (925)969-0808  
Mobile: (925)788-6910

randy@monroescienceed.com  
http://www.MonroeScienceEd.com

**Camp Monroe Camp Monroe: *The Lassen Experience***  
**Authorization to Administer Medication (1 of 2)**

(Valid only for the current Camp Monroe your child is registered for.)

*Note: All medications must be prescribed, including over-the-counter medications. Medications must be in the original container and the label must include the child's name, name of the medication, dosage, method of administration, and the name of the physician.*

**California Code of Regulations Title 5, 18170 – The agency shall follow these provisions pertaining to medication:**

1. An assigned staff member (Camp nurse RN) shall administer medications prescribed by a physician for a child written parental consent has been given.
2. Record of medication dosages to the child and the date and time medication is administered shall be maintained by the facility (an assigned Camp Staff Member).
3. Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for health supervision. Each container shall carry the name of the medication, the name of the person for whom prescribed, name of the prescribing physician and the physician's instructions. All centrally stored medications shall be labeled and maintained in compliance with State and Federal laws. Each person's medication shall be stored in its originally received container. No medications shall be transferred between containers. The agency (Camp Monroe Staff) shall be responsible for assuring that a record of centrally stored prescription medications for each person in care includes: Name of the person for whom prescribed the drug name, strength, quantity, the date filled, the prescription number, and the name of the issuing pharmacy.
4. All medications shall be centrally stored in an area which is totally inaccessible to children.

**I request that designated Camp personnel assist my child in taking this prescribed medicine (including prescribed over-the-counter medication). I understand that my child may not have nor take any medication at Camp Monroe unless all requirements are met. I hereby give consent for a Camp Nurse or Camp Monroe Staff member to communicate with my child's physician as needed with regard to this medicine. I will immediately notify the Camp Monroe Director if there are any changes in medications my child is taking while attending Camp.**

Name of Parent / Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Phone: \_\_\_\_\_ (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Mobile)

Physician Information
<p><b>The child named below is under my care. It is necessary for him or her to receive the indicated medication(s) during school/camp hours.</b></p> <p>Doctor's Name (please print): _____</p> <p>Signature: _____ Date: _____</p> <p>Office Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)</p> <p>Office Phone: _____ (Daytime) _____ (Emergency) _____ (Fax)</p>



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**Camp Monroe Camp Monroe: *The Lassen Experience***  
**Authorization to Administer Medication (2 of 2)**

**Child / Camper Medical Information** (please print legibly):

Name of Student: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_  M  F

Medical Provider Name and Number: \_\_\_\_\_

Does your child have any **Special Needs**? If so, please explain: \_\_\_\_\_

Does your child have any particular **Dietary Requirements**? \_\_\_\_\_

Does your child have any **Medical or Health Concerns**? \_\_\_\_\_

Is there **any additional information** that you think we must know about your child? If so, please explain:

\_\_\_\_\_

The Staff of Camp Monroe will be administering the following over the counter medicines as deemed necessary: Aspirin, Tylenol (Acetaminophen), Advil (Ibuprofen), Calamine Lotion, Pepto-Bismol, Milk of Magnesia, or Allergy Tablets (Diphenhydramine hydrochloride 25 mg. Antihistamine). **Please inform us of any of these products that you DO NOT want your child to be given:**

\_\_\_\_\_

**Will your child take any prescribed medication(s) or over the counter medication(s) during the hours of the summer program?**  Yes  No (If yes, please explain)

\_\_\_\_\_

(An Authorization to Administer Medication Form must be completed and on file with Camp Monroe)

**Diagnosis for which medication is prescribed** \_\_\_\_\_

**Name of medication(s)** \_\_\_\_\_

**Dosage** (be specific, i.e., milligrams, quantity, etc.) \_\_\_\_\_

**Time of day for each dose:** \_\_\_\_\_ **Frequency if "as needed":** \_\_\_\_\_

**If "as needed" describe indications and sequence orders:** \_\_\_\_\_

**Method of administration:** \_\_\_\_\_

**Explain any and all Symptoms of severe allergy:** \_\_\_\_\_

**Provide Instructions In case of allergic reaction:** \_\_\_\_\_

**Additional special instructions/interventions:** \_\_\_\_\_