

**The Christian Disciple Farm  
Parent Authorization Form  
For  
Non-Prescription Medications or Prescription Medications**

Non-prescription and prescription medications may be dispensed by designated Christian Disciple Camp Volunteers only after the parent has provided written consent for dispensing of the drug and provided written instructions for dispensing the drug to the camp staff.

Medication must be supplied in the original container or packaging. (With the exception of medication dispensed via G-tube. For these, a measuring device must accompany medication, or send in a pre-measured syringe.)

For safety and liability reasons, medications received in any container other than the original will not be accepted for volunteer administration.

**Parental Consent**

Name of camper: \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of Parent(s)/Guardian: \_\_\_\_\_

Phone:(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

I give permission for my son/daughter to receive the following medication during camp hours. I understand that if my child refuses the medication, force will not be used to make him/her comply. I will then be notified and may be required to pick up my child.

Name of Medication (Generic & Trade) <u>Effects</u>	Dosage (mg/cc/ tsp/gtt)	Form (tab/cap/ liq/inhal)	Location <u>Oral/G-tube</u>	Dates& Time <u>a.m./p.m.</u>	Possible Adverse <u>Side</u>
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1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

\*\*\*If a special cup, food or technique is needed to administer the medication, please send that along as well. Also please plan on talking with the camp nurse on Monday morning.

I hereby release Christian Disciple Farm Volunteers from any and all liability that may result from them administering or failing to administer the above medication.

Signature (Parent or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

For Camp Nurse Use Only:

**Medication Log**

<u>Date</u>	<u>Time</u>	<u>Name of Medication</u>	<u>Person Administering Med.</u>
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1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_