

**Medication Administration Authorization Form**  
**2015 Supplemental Emergency Medical Plan Document**

**This form is due by the registration deadline of the first session of Campus Recreation RECKids Camp attendance.**

Please Note: UD will receive, approve, and administer medication to children when the medication is needed for chronic or life-threatening conditions (such as asthma treatments or emergency allergy medication). Other medications, such as antibiotics – which can be administered outside of camp hours – should be cared for by parents/guardians rather than the camp staff/event planners. \*Medicine MUST be in its original container.  
 \*\*Complete an additional form for each medication.

**MEDICATION INFORMATION**

\_\_\_\_\_  
 CHILD'S LAST NAME                      FIRST NAME                      MI                      DATE OF BIRTH (MM/DD/YYYY)

MEDICATION NAME: \_\_\_\_\_

CIRCUMSTANCE IN WHICH MEDICATION WOULD NEED TO BE ADMINISTERED: \_\_\_\_\_  
 \_\_\_\_\_

DOSAGE AMOUNT: \_\_\_\_\_

WHAT SYMPTOMS WOULD REQUIRE ADMINISTRATION OF THIS MEDICATION? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SPECIAL INSTRUCTIONS FOR ADMINISTERING "AS NEEDED" MEDICATION: \_\_\_\_\_  
 \_\_\_\_\_

The information provided is true and correct as far as I know:

\_\_\_\_\_  
 PRINT NAME OF PARENT/LEGAL GUARDIAN                      SIGNATURE OF PARENT/LEGAL GUARDIAN                      DATE

\_\_\_\_\_  
 PRINT NAME OF DOCTOR                      SIGNATURE OF DOCTOR                      DATE

**MEDICATION ADMINISTRATION AUTHORIZATION**

Dear Parents/Guardians, you have identified that your child may require specific prescribed medication in the event of an emergency medical situation. By signing this form, below, you authorize UD to administer the medication as indicated above.

\_\_\_\_\_  
 PRINT NAME OF PARENT/LEGAL GUARDIAN                      SIGNATURE OF PARENT/LEGAL GUARDIAN                      DATE

**FOR Campus Recreation RECKids Camp Staff | Administration Documentation:**

Phone Contact Time & Date	Date Given	Time Given	Dosage	Staff Printed Name and Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____