JAMES E. RICHMOND SCIENCE CENTER - MEDICATION CONSENT FORM

I. CAMP OPERATOR

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, for each medication, 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. Nonprescription medications include vitamins, homeopathic, and herbal medicines.**

An adult must bring the medication to the camp and give the medication to an adult staff member.

II. CAMP INFORMATION

YOUTH CAMP NAME	**James E. Richmond Science Center Summer Camp**				
PHYSICAL ADDRESS	**5305 Piney Church Road**				
CITY	**Waldorf**	STATE	**Maryland**	ZIP CODE	**20602**

III. PRESCRIBER'S AUTHORIZATION

CHILD'S NAME			DATE OF BIRTH
CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:			EMERGENCY MEDICATION [ ] YES [ ] NO
MEDICATION NAME	DOSE		ROUTE
TIME/FREQUENCY OF ADMINISTRATION		IF PRN, FREQUENCY	
IF PRN, FOR WHAT SYMPTOMS			
KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
MEDICATION SHALL BE ADMINISTERED *(NOT TO EXCEED 1 YEAR)*	FROM		TO

PRESCRIBER'S NAME/TITLE			This space may be used for the Prescriber's Address Stamp
TELEPHONE	FAX		
ADDRESS			
CITY	STATE	ZIP CODE	
PRESCRIBER'S SIGNATURE ***(Parent cannot sign here)*** *(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)*			DATE

IV. PARENT/GUARDIAN AUTHORIZATION

Completion of the Medication Consent Form relieves the Charles County Public Schools, its agents, employees, or representatives of any responsibility for ill effects resulting from the administration of the medicine. I request the authorized youth camp operator/staff to supervise the camper in self-administration if authorized as prescribed by the above 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 adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA.

PARENT/GUARDIAN SIGNATURE		DATE
HOME PHONE #	CELL PHONE #	WORK PHONE #

V. AUTHORIZATION FOR SELF ADMINISTRATION AND SELF CARRY

I consent that the child named above is able to self-administer the medication listed. I authorize self-administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. The child named above may self-carry emergency medication if indicated below. Campers may ONLY carry labeled albuterol inhalers, epipens, and oral glucose on their person during camp if there is a specific physician order that states the medication must be on their person and this form is signed below. If a camper MUST carry one of these medications, it must be in a fanny pack attached to their person at all times.

PRESCRIBER'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) [ ] YES [ ] NO [ ] Not emergency medication	DATE
PARENT/GUARDIAN'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) [ ] YES [ ] NO [ ] Not emergency medication	DATE

James E. Richmond Science Center

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