

Camp Sessions _____

Authorization for Medication Form

Medication is for _____ authorized for _____

Physician Authorization for Medication

Condition _____

Medication _____

Dosage and schedule _____

Instructions _____

• **Asthma Inhaler:** Name of medication _____

• **Epinephrine** (must supply two Epi-pens) to be administered immediately after report of exposure to _____

Physician initials below:

_____ Epi-pen (given in pre-measured dose of 0.3 mg epinephrine 1:1000 aqueous solution or 0.3 cc)

_____ Epi-pen Jr (given in pre-measured dose of 0.15 mg epinephrine 1:2000 aqueous solution or 0.3 cc)

_____ **If the RESCUE SQUAD has not arrived within 15 minutes, a SECOND EPI-PEN or EPI-PEN JR will be administered.**

For any other LIFE-THREATENING CONDITIONS: Other medication to be administered if RESCUE SQUAD has not arrived within 15 minutes (medication name/dose/submit video link or directions on how to administer):

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

The camper named above may carry the following medication with him/her during camp hours. He/she has been trained on how and when to use this medication, and I believe he/she has the ability to safely carry and self-administer it.

Physician Name (Print) _____

Physician's Signature _____ Date _____

Parent/Guardian Authorization for Medication

Medication is authorized for _____

Parent/Guardian initials below:

_____ 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 program hours as directed by his/her physician.

_____ I authorize the staff at The Academy of Fine Arts to administer an Epi-pen or Epi-pen Jr. for my child as directed by his/her physician.

_____ I authorize the staff at The Academy of Fine Arts to administer other medication described above in a LIFE-THREATENING situation.

I have carefully completed the Authorization for Medication Form, and I assume the responsibilities indicated. With this authorization, I agree to release the staff of The Academy of Fine Arts from all liability.

I understand that I must collect any unused medication no later than one week after the program ends. The Academy of Fine Arts will then discard the medication.

Parent/Guardian Name (Print) _____

Parent /Guardian Signature _____ Date _____

Parent/Guardian Cell Phone _____