

World Class Lacrosse Camps

Authorization for the Administration of Self-Medication by Camper

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In Connecticut, licensed camps that allow campers to self-medicate themselves shall comply with all the requirements of the Administration of Medications in The State Statutes and Regulations. The parents/guardians are requesting that their child self-administer medication while being observed by the camp staff medical person. World Class Lacrosse Camps, by CT law, **cannot administer any medication** whether it is over the counter or a prescription. The parent must provide the program with appropriate written authorization(s) and the medication **before** the camper can be monitored taking any medication. Medications must be in the original container and labeled with the child's name, name of medication, directions for the medications administration and the date of the prescription. All unused medication will be destroyed if not picked up within one week following the camper's departure at the end of camp. One order for each medication is required.

Authorized Prescriber's Standing Order (Physician, Dentist, Physician asst, Advanced Practice RN)

Name of Camper _____ Date of Birth _____ Today's Date _____

Medication Name _____ Controlled Drug? Y___ N___

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration: Start Date ___/___/___ Stop Date ___/___/___

Relevant Side effects _____

Plan of Management for Side Effects _____

Known Food or Drug Allergies? Y___ N___ Reactions To? Y___ N___ No Interactions with? Y___ N___

If "YES" to any of the above please explain _____

Prescriber's Name _____ Phone (____) _____

Prescriber's Address _____ City _____ State _____

Prescriber's Signature _____ Date _____

Parent/Guardian Authorization:

I request that my child is observed by the camp's medical staff while taking or administering the above described medication per prescriber's instructions.

Name of Camp _____ Today's Date ___/___/___

Child's Name _____ Age _____ Camp Dates _____

Relationship to Child: Mother ___ Father ___ Guardian/other explain _____

Signature of Parent/Guardian Authorizing Administration of Medication

Date _____ Phone _____