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Authorization for the Administration of Medicines by Camp Personnel

The Connecticut State law and regulations require a physician or dentist's written order and parent or guardian's authorization for a nurse to administer medications or in his/her absence, the counselor to administer medications. Medications must be in pharmacy prepared containers and labeled with name of child, name of drug, strength, dosage, frequency, physician or dentist's name and date of original prescription.

Physician or Dentist's Order _____ **Date** _____

Name of Child _____ D.O.B. _____

Address _____

Condition for which drug is being administered during camp hours _____

Drug: name, dose and method of administration _____

Time of administration _____

Medication shall be administered from _____ to _____
date date

Relevant side effects to be observed, if any _____

If there are side effects, plan for management _____

Is this a controlled drug? _____ If yes, DEA number _____

Physician/Dentist's Name _____ Phone _____

Address _____

Physician or Dentist's Signature _____ Date _____

Authorization by Parent/Guardian for the administration of the above medication by camp personnel.

Signature _____ Date _____

I hereby request that the above medication, ordered by the physician/dentist for my child _____, be administered by Camp personnel. I understand that I must supply the Camp with the prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist and will provide no more than 40 day said supply of said medication.

I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of Camp.

Name _____

Signature _____

Relation to child _____