

Town of Mt. Pleasant Recreation & Parks
1 Town Hall Plaza Valhalla, NY 10595
914-742-2310
Fax: 914-769-1070

MEDICAL AUTHORIZATION FORM- PERMISSION FOR SELF-MEDICATION ADMINISTRATION

New York State Board of Health regulations require that campers who need medication during camp hours provide the Health Director with the information below. By law, camp personnel, cannot dispense internal medications, such as aspirin, to the children unless they are a NYS licensed physician, nurse practitioner, physician assistant or registered nurse.

When it is necessary for a child to take internal medication during camp hours, the camp Health Director may supervise the child in administering their own medication with permission from the parents and written instructions from the physician. If your child needs to take medication during camp hours, you and the physician **MUST** complete this form and bring it to camp, with the medication in its original container, the first say your child attends camp.

I hereby give permission for my child to self-administer his/her own medication under the supervision of the Health Director. My child has been instructed in the proper procedure of self-administration.

CHILD'S NAME _____ GRADE _____

PARENT'S PHONE # (DAYS) _____

EMERGENCY NAME AND PHONE # _____

_____ DATE _____ PARENT SIGNATURE _____

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(TO BE COMPLETED BY PHYSICIAN)

CAMPER'S NAME _____ BIRTH DATE _____

DIAGNOSIS _____

MEDICATION NAME _____

DOSAGE _____ FREQUENCY _____

TIME (S) TO BE TAKEN DURING CAMP HOURS _____

DATE TO START _____ DATE TO END _____

POSSIBLE SIDE EFFECTS _____

SPECIAL CONSIDERATIONS _____

PHYSICIAN NAME (PRINT) _____ SIGNATURE _____

PHYSICIAN ADDRESS & PHONE # _____

DATE _____

FOR MORE INFORMATION ON COMMUNICABLE DISEASES AT CAMP LOG ON TO
WESTCHESTERGOV.COM/HEALTH