

## AUTHORIZATION TO DISTRIBUTE MEDICATION

Appendix 18

To: Parents or Legal Guardians

From: Harold Cooper, Director of River's Edge Camping Association

Date: \_\_\_\_\_

Regarding: The distribution of prescription medication

Dear Madam, Sir,

The present letter is to inform you that the organization can distribute medication prescribed for your child.

If your child must take medication while in our care, it is mandatory for you to fill out and sign the "Authorization to Distribute Prescription Medication" form. The form and the medication must be given to the camp medic, or the person appointed to receive them.

It is also mandatory for the medication to be in a dosage base bubble pack container received from the pharmacy, with the label produced by the pharmacy. You are in charge of making sure that the prescription is refilled as needed.

Thank you for your cooperation.

A handwritten signature in blue ink, appearing to read "Harold Cooper", with a large, sweeping flourish extending to the right.

Harold Cooper

**Authorization to Distribute Medication**

Staff will not be able to distribute prescription medication to students unless parents or legal guardians have filled out and sign the present form.

Let us specify that the distribution of medication in no way entails the obligation on the part of the staff to make a diagnosis, record observations or write a report.

The information written by the pharmacist on the label identifying the medication is proof of the authorization provided by those prescribing the medication. It is therefore important to always provide the medication in the original container bearing the child's name.

The label must show the child's name, the doctor's name, the name of the medication, its expiry date, the dosage and the duration of the treatment.

If your child needs an EPIPEN, please provide written instructions with this form.

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**Authorization to Distribute Medication (PLEASE write in block letters)**

I authorize a member of the organization's staff to distribute the following medication to my child according to the indicated dosage:

Organization's name: River's Edge Camping Association

Child's last name: \_\_\_\_\_ First name: \_\_\_\_\_

Camp: \_\_\_\_\_

Name of the Medication: \_\_\_\_\_

Dosage (dose and intervals): \_\_\_\_\_

Time at which the medication must be taken (e.g. with meals, hour of the day); if the medication is to be taken as needed (upon the appearance of symptoms), specify when to give it:

Means of distribution: Inhalation (pump): \_\_\_\_\_ Oral: \_\_\_\_\_ Cutaneous: \_\_\_\_\_

Does the medication have to be refrigerated? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Foreseeable serious adverse reactions: \_\_\_\_\_

Signature of the parent or legal guardian: \_\_\_\_\_

Telephone number of the parent or legal guardian: \_\_\_\_\_

Name and Telephone number in case of an emergency:  
\_\_\_\_\_

Relationship with the child: \_\_\_\_\_

Date: \_\_\_\_\_

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Reference: Guide to Distributing Prescription Medication at Elementary School

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