

Adventure Camp

This form **Must** be signed
by a Physician and Parent

**New Canaan Nature Center
Nonprescription Medication Permission Form
(Authorization to Administer/Dispense Nonprescription Medications)**

Connecticut State Law requires an authorized prescriber's (M.D., DDM, P.A., APRN) written order & parent/guardian's authorization for a nurse or youth camp personnel with current Medication Administration Training to dispense/administer medications.

Please complete and sign this form and return it to the Nature Center by May 22 (or at least 2 weeks prior to start of the camp session.)

I hereby grant permission for authorized staff of the New Canaan Nature Center to store, administer/dispense and supervise the consumption of nonprescription medication, as instructed by me, and directed by our physician, for my child, _____ (name).

While attending _____ (program name(s))

On _____ (dates)

I understand that this medication will be destroyed if it is not picked up within one week after the end of this session.

Please list on the back of this form all medications, the condition for which the drug is being administered, the correct dosage, a schedule of the times it is to be taken, and possible side effects. If there are side effects, please provide a plan for management of these effects.

Note: All medications must be in **original** containers and clearly labeled with the following information:

- child's name
- name of drug
- strength
- dosage, frequency & method of administration
- physician's name & phone number

Signed: _____ Date: _____
(Parent or Guardian's Signature)

Address: _____ Phone #: _____

Physician's name: _____

Signed: _____ Date: _____
(Physician's Signature)

Address: _____ Phone #: _____

See Reverse