

AUTHORIZATION TO ASSIST IN THE ADMINISTRATION OF MEDICATION/TREATMENT

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

MEDICATION/TREATMENT AND ALL INFORMATION MUST MATCH THE PRESCRIPTION LABEL. All medication must be properly labeled and in original containers. Complete one form for each medication/treatment to be administered. A new form must be completed if the dosage of a medication changes at any time.

It is necessary for the following medication/treatment to be given during summer camp. I am aware that non-medical personnel may administer this medication/treatment.

Name of medication/treatment: \_\_\_\_\_ Amount (Dosage): \_\_\_\_\_  
Time to be given: \_\_\_\_\_ Date to start: \_\_\_\_\_ Date to end: \_\_\_\_\_

Health condition requiring medication: \_\_\_\_\_  
Possible side effects: \_\_\_\_\_  
Special instructions: \_\_\_\_\_

Physician ordering medication: \_\_\_\_\_  
(Print) Physician's address: \_\_\_\_\_

Physician's phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Physician's signature: (required for all medications) \_\_\_\_\_  
Date \_\_\_\_\_

THIS SECTION FOR PARENT/GUARDIAN TO COMPLETE: As the parent or guardian of the camper named above, I request that the Anastasia Watersports manager or manager's designee assist in the administration of medication/treatment prescribed for my child. I understand that under provisions of Florida Statute 1006.062, there shall be no liability for civil damages as a result of the administration of medication when the person administering such medication acts as an ordinarily reasonable, prudent person would have acted under the same or similar circumstances. I also grant permission for Anastasia Watersports personnel to contact the physician listed above if there are any questions or concerns about the medication. I have read the guidelines and agree to abide by them. I authorize the physician to release information about this condition to school personnel.

\_\_\_\_\_  
Parent/Guardian Signature                      Cell Phone                      Date

EMERGENCY MEDICATION (INHALER/EPINEPHRINE)—Florida Statute 1002.20 Florida law states a student may carry a metered dose inhaler or epinephrine auto-injector on his/her person and self-administer while in camp with approval from his/her parents and physician. The above named child may carry and self-administer his/her emergency medication.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Physician's Signature: (required) \_\_\_\_\_ Date: \_\_\_\_\_