

FAITH FELLOWSHIP MEDICATION AUTHORIZATION

PARENT PROCEDURES FOR MEDICATIONS:

Have this medication consent form properly filled out and signed by a licensed health care provider.

1. Use one form per prescription medication.
2. Medications MUST be in the original container(s) marked specifically for the camper.
3. Prescription medication must have a pharmacy label attached.
4. Send only the amount of medication needed for the days of camp.

(Example: One tablet everyday x ___)

5. Give medication(s) and this Medication Consent Form(s) to nurse at registration.

Camper's name: _____ Birth date: _____

Condition(s) being treated: _____

Name of medication: _____

Dose: _____ Route: _____

Time and frequency to be administered during camp: _____

Start and stop dates for medication: _____

Expected medication side effects, if any: _____

For inhalers and epi-pens only: medication may be self-carried and administered (circle one): Yes No

Prescriber's Name and Title (printed): _____

Phone: _____ Fax: _____

Prescriber's Signature: _____ Date: _____

PARENT/GUARDIAN REQUEST AND AUTHORIZATION

I request and authorize a camp-designated staff member to administer prescription medication to _____ ("Camper") in accordance with the directions provided by Camper's licensed health care provider. I understand that I must provide the medication to the camp staff in its original container with the label intact. I agree to hold Faith Fellowship Church harmless from any damages that may occur to Camper in connection with the camp's agreement to administer medication in accordance with my request and authorization.

Signature of Parent/Guardian: _____

Printed name of Parent/Guardian: _____ Date: _____

Questions? Contact Josh Peretti at pastorjosh@faithkitsap.net or 206-819-3949