Authorization for Medications Taken During Shady Side Summer Programs

Please complete this form if your child must take medication(s) during the hours that they will be at Shady Side Summer Programs. This includes EpiPens and inhalers. This form should be returned ASAP to the Nurse.
Fax: 412-968-3004 or email: summerprograms@shadysideacademy.org

Child's Name_____Age_____

Physician's Name _____Physician's Phone_____

MEDICATION (including over-the-counter) MUST BE IN A CURRENT PHARMACEUTICAL CONTAINER WITH A PRESCRIPTION LABEL ATTACHED AND BROUGHT TO THE CAMP NURSE (by the parent/guardian) WITH THIS COMPLETED FORM. OVER-THE-COUNTER MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINER, LABELED WITH THE CHILD'S NAME AND DOSAGE REQUIRED.

I hereby indemnify Shady Side Academy or any of its personnel, employees, or agents from any claim, demand, cause of action, or liability asserted against them arising out of the campers taking, or failing to take, the medication in the dosage or at the time prescribed below. I understand that the permission granted will be terminated in accordance with the physician's directive, or automatically at the close of the camp year.

_____ _____

Date **Signature of parent/guardian**

Name of Medication _____

Dosage_____

Reason for the Medication _____

If medication is to be given daily, at what time _____

If medication is to be given PRN, describe indications _____

List significant side effects _____

Length of time medication is to be given _____

Other Information _____

For EpiPens and Inhalers: Is the camper permitted to self-carry their EpiPen/Inhalers with them?

_____

For EpiPens and Inhalers: Is the camper successfully able to self-administer their EpiPen/Inhalers?

_____

_____ _____

Date **Signature of physician or licensed prescriber**