

THE HISTORIC LOWRY HOUSE
2016 MEDICATION ADMINISTRATION AUTHORIZATION FORM

THE HISTORIC LOWRY HOUSE: 256-489-9200
1205 Kildare Street, Huntsville, AL 35801

*****This form must be completed fully in order for The Historic Lowry House to administer the required medication. A separate medication administration authorization form must be completed for each child. Each medication AND change in dosage or time of administration of medication must be authorized.*****

- * Prescription medication must be in a container labeled by pharmacist or prescriber. * Non-prescription medication including vitamins, homeopathic, and herbal medications must be in the original container with the label intact. * An adult must bring the medication to camp.
* The camp's Registered Nurse may call prescriber, as allowed by HIPAA, if questions arise about the camper and/or the camper's medication.

Prescriber's Authorization

| | |
|---|---|
| 1. Name of Camper: | 2. Camper Date of Birth: ____/____/____ |
| 3. Medication Name: | 4. Is this an Emergency Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>* If yes, please sign #11 "Self Carry/Self Administration" consent.</small> |
| 5. Condition for which medication is being administered: | |
| 6. Dose: | 7. Route: |
| 8. Time/Frequency of administration: | |
| 8a. If PRN, frequency: | |
| 8b. If PRN, for which symptoms: | |
| 9. Relevant Side Effects: <input type="checkbox"/> None expected <input type="checkbox"/> Specify: | |

10. _____ (____) _____ (____) _____
Prescriber name/Address Phone Fax

11. Please Sign Below: The Historic Lowry House RN Administration OR Self Carry/Self-Administration

The Historic Lowry House RN ADMINISTRATION MEDICATION

I/We request designated camp personnel to administer the medication as prescribed by the above prescriber.
I/We certify that I/we have legal authority to consent to medical treatment for the camper named above, including the administration of medication at The Historic Lowry House.
I/We understand that at the end of each camp session, an adult must pick up the medication, otherwise it will be discarded.
I/We authorize the camp personnel to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian _____ **Date** _____

SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

*** ALL self-carry and self-administration emergency medications such as inhalers, insulin and EpiPens® must be authorized by the prescriber & the parent/guardian and must be approved by the camp's Registered Nurse.**

I/We verify that the camper listed above has the knowledge and skills needed to safely administer and self-carry the medication and will administer the medication under the supervision of an authorized staff member of The Historic Lowry House.

I/We agree to release, indemnify, and hold harmless The Historic Lowry House and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for self administer and/or staff administration of prescribed medication.

I/We have read the procedures outlined and assume the responsibilities as required

Parent/Guardian _____ **Date** _____