

KENT STATION PHARMACY – CAMP FORMS

38 North Main Street/Box 632 Kent, CT • (860) 927-3725 • Fax: (860) 927-3895 • campinfo@kentstationpharmacy.com



Medication Order and Administration Authorization

This form is **REQUIRED** (for both prescription and over the counter medications) to be on file in order for camp to administer medication and must be signed by **BOTH** parent/guardian **AND** doctor. This form is **NOT** a valid prescription, please have doctor submit prescription(s) directly to Kent Station Pharmacy.

Connecticut State Law and Regulations 10-212(a) require a written medication order of an authorized prescriber and parent/guardian written authorization for nurse, or in the absence of the nurse, a designated camp employee to administer medication. Medications must be in the original properly labeled the container and dispensed by a physician/pharmacist.

Parents/Guardians: please have the prescribing physician complete and sign this form, then sign and date where indicated. Use additional forms if necessary.

Camper’s Name: _____ Date of Birth (MM/DD/YYYY): _____

Allergies: _____

Medication Name	Dosage	Route	Administration Dates		Daily/PRN	Frequency	
			From	To			
						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____
						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____
						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____
						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____
						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____

PERMISSION TO CARRY: EPI-PEN RESCUE/EMERGENCY INHALER

Prescriber’s Signature:	Date:
Prescriber’s Name/Title (type, print or stamp):	
Prescriber’s Address:	
Prescriber’s Phone:	Prescriber’s Fax:

PARENT/GUARDIAN AUTHORIZATION: I hereby authorize that the above ordered medication be administered by camp personnel and I give permission for the exchange of information between the prescriber and the camp nurse necessary to ensure the safe administration of this medication.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ **Date:** _____

Please email this **COMPLETED** form to Kent Station Pharmacy. **REMEMBER:** It is critical to forward us a copy of both sides of the insurance card of the parent/guardian and the patient. We are always available to answer any questions you may have at (860) 927-3725.

