

**Crested Butte Mountain Resort
Camp CB
Authorization for Administering Medication**

Prescription and non-prescription (over-the-counter) medications for eyes or ears, all oral medications, topical medications, inhaled medications, and certain emergency injections can be administered only with the written order of a person with prescriptive authority and with written parental/guardian consent. Please use this form to provide that consent, ensuring that it is signed both by the prescribing practitioner and the parent/guardian.

Medications must be kept in the original labeled bottle or container. Prescription medications must contain the original pharmacy label that lists:

- | | |
|--|------------------------------------|
| - Child's name | - Prescribing practitioner's name |
| - Pharmacy name and telephone number | - Date prescription was filled |
| - Expiration date of the medication | - Name of the medication |
| - Dosage | - How often to give the medication |
| - Length of time the medication is to be given | |

Over-the-counter medication must be kept in the originally labeled container and be labeled with the child's first and last name.

Child's Name: _____

Prescribing practitioner: _____ Phone Number: _____

Signature of practitioner: _____ Date: _____

Name of medication and dosage: _____

Time of day to be taken: _____

Method of taking: _____

Length of time medication is to be given: _____

Reason for medication (*unless this information needs to remain confidential*): _____

Side effects or reactions to watch for: _____

Special Instructions: _____

Parent/Guardian's name (please print): _____

Parent/Guardian's signature: _____ Date: _____

For Self-Administered Medications

I give consent that _____ may carry and use as directed his/her own
(child's name)

Please circle appropriate medicine:

- inhaler
- EPI-PEN

Prescribing Practitioner's name (*please print*): _____

Prescribing Practitioner's signature: _____ Date: _____

Parent/Guardian's name (*please print*): _____

Parent/Guardian's signature: _____ Date: _____