

Mansfield's  
**Holiday Hill Day Camp**

Holiday Recreation Center, Inc., 41 Chaffeeville Road, Mansfield Center, CT 06250-1112  
TEL 860-423-1375 FAX 860-456-2444 [www.HolidayRecreation.com](http://www.HolidayRecreation.com)

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**Authorization for the Administration of  
Over-The-Counter Medication by Camp Personnel**

State law requires that there be written authorization for all medications, including over-the-counter medications and medicated ointments and creams as approved by the standing orders of the camp physician. Other than any prescription medications specifically ordered and indicated on separate authorization for the administration of medication forms, only the medications listed below may be administered at camp by the camp nurse and are stocked in the camp health center.

**Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):**

Camper/Staff Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

The camp participant named herein may be administered the following by the camp nurse as approved by the standing orders of the camp physician:

Check "Yes" to approve or "No" to disapprove of the administration of the specific medications listed below.

- Yes  No Acetaminophen (dosage as indicated by age/weight) for minor discomfort  
 Yes  No Anti-itch gel or lotion to insect bite, poison ivy, oak, or sumac  
 Yes  No Antiseptic ointment to abrasions, scratches, cuts  
 Yes  No Ibuprofen (dosage as indicated by age/weight) for sore throat discomfort  
 Yes  No Ibuprofen up to 400mg or Acetaminophen up to 650 mg for menstrual discomfort  
 Yes  No Lotion or soothing ointment to sunburn  
 Yes  No NURSE ONLY MAY ADMINISTER Emergency treatment of Allergic Reactions  
Epi-pen Jr. for less than 45 pounds, Epi-pen for those over 45 pounds

**Note on the Administration of Medications at camp:** In most circumstances, medications are administered at camp by one of our licensed Registered Nurses. In certain situations, like after regular camp hours on an overnight and the following Saturday morning, during Mini-Camp and April Vacation Camp, our nurse is not on duty and our health plan operates under the supervision of a Director of First Aid. Only staff trained in the methods of administration of medications and who have received written approval from the trainer indicating successful completion of the medication administration training program shall be allowed to administer medications as prescribed by a camper's physician and as arranged with a camper's family to be administered at camp.

**AUTHORIZATION BY PARENT/GUARDIAN**

I hereby authorize the camp nurse to administer the medications indicated above as ordered by my physician, or approved by my physician and the camp physician.

Printed Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE OF LICENSED MEDICAL PERSONNEL (Physician, Connecticut Licensed Advanced Practice R.N., R.N. or a Physician Assistant)**

The person named herein may be administered the medications indicated above by the camp nurse as approved by the standing orders of the camp physician.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed \_\_\_\_\_ License #: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

City/ST/Zip \_\_\_\_\_ Date: \_\_\_\_\_

Name of Camp Personnel Receiving Written Authorization and Medication \_\_\_\_\_

Title/Position \_\_\_\_\_ Signature (in ink) \_\_\_\_\_

