

Parental permission for medication administration

Parents: Please fill out this form if your child attending AH is under age 18 AND will require prescription medications during their session. Not required for participants age 18 and older.

I, _____ (parent/guardian name) give permission for the authorized staff of Apple Hill Center for Chamber Music to administer the medications, listed below, to my child, _____ (child's name) for the duration of my child's stay at the Summer Chamber Music Camp.

I verify that my child has taken this medication prior to the start of camp.

The medication will have a prescription label or written order provided by a physician or APRN, current within the past year, that includes the following information:

- The camper's name
- The name, strength, prescribed dose, and method of administration of the medication
- The frequency of administration of the medication
- The dated signature of the camper's parent or legal guardian or a licensed health care practitioner for orders other than as shown on the prescription label.

A medication order from a parent or legal guardian or a licensed health care practitioner regarding any medication to be administered as needed shall include:

- The indications and any special precautions or limitations regarding administration of the medication
- The maximum dosage allowed in a 24-hour period
- The dated signature of the camper's parent or legal guardian or a licensed health care practitioner for orders other than as shown on the prescription label.

Medication	Dose	Time/method of administration

Parent/guardian signature

Date