

**Board of Park and Recreation Commissioners (BOPARC)**  
**MEDICATION AUTHORIZATION**

**PART I: To be Completed by the Parent/Guardian**

*We strongly encourage medications to be administered at home. All new medication must be administered at home first. I hereby authorize BOPARC personnel to administer medication to my child as directed below. I agree to release, indemnify, and hold harmless BOPARC and any of its officers, staff, contractors, or agents from lawsuit, claims, expense, demand, or action against them for administering medication to my child. I am aware medication will be administered by a specifically trained non-health professional.*

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Medication Name and Prescription # \_\_\_\_\_  
Date and Duration of Order (maximum is 10 days w/o physician signature) \_\_\_\_\_

Dosage to be Given \_\_\_\_\_ Time Medication is Given \_\_\_\_\_  
If child is taking more than one medication at a time, list the sequence medications are to be administered.

Symptoms/Conditions for which medication is ordered \_\_\_\_\_  
Possible Side Effects from Medication \_\_\_\_\_  
Special Instructions (if any) \_\_\_\_\_

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Parent's Signature

Daytime Phone

Date

**PART II: To be Completed by a Physician (for Inhalers, Epi-pens, and long term medications)**

*For Epi-pens: Emergency injections are administered by non-health professionals who are taught by BOPARC. For this reason, only pre-measured doses of Epinephrine may be given. It should be noted that these staff members are not trained observers; therefore, they cannot observe for the development of symptoms before administering the injection. I understand that the rescue squad will always be called when Epinephrine is injected, whether or not the child manifests any symptoms of anaphylaxis. The following injection will be given immediately after report of exposure to:*

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Indicate specific allergen and type of exposure (i.e. ingestion, skin contact, inhalation)

Check as appropriate (medication expiration date must be clearly indicated) Epi-Pen / Epi-Pen Jr:

\_\_\_\_\_ Give the pre-measured does by auto injection

\_\_\_\_\_ Repeat does in 15 minutes if rescue squad has not arrived (2 kits needed)

Please select one of the following (for inhalers and epi-pens only):

\_\_\_\_\_ I believe it is best for the camp staff to carry the medication on his/her person.

\_\_\_\_\_ I believe this child can use the medication properly in an emergency and this child my carry the medication on his/her person.

The medication listed on this form is a long term medication and may be administered as needed.

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Physician's Name and Phone Number

Physician's Signature

Date

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**BOPARC USE**

This form is complete and the medication is appropriately labeled. \_\_\_\_\_ Initial \_\_\_\_\_ Date  
The child \_\_\_\_\_ (has / has not) been approved to carry own Epi-Pen or inhaler

