

MEDICATION ADMINISTRATION AUTHORIZATION

Name: _____ Birth date: ____/____/____ Age: ____ Sex: ____ Male ____ Female

Church Name: _____ Church City & State: _____

As the parent or legal guardian of the above-named child, I give my permission to the Trinity Pines Medical Staff to administer as prescribed by law the listed below medication to my child.

X _____ (____) _____ (____) _____
 Parents/Guardian Signature Date Daytime Phone # Evening Phone #

OR

As an Adult Camper/ Sponsor/Staff, I give my permission to the Trinity Pines Medical Staff to administer as prescribed by law the listed below medication to me during my stay at Trinity Pines Conference Center.

X _____ _____
 Adult Camper / Sponsor/Staff Date

For Prescription Medications only...PLEASE follow these guidelines: In accordance with Texas Department of Health regulations: ALL Medication that is brought to camp must be: (1) Placed in a secure location not accessible to campers, (2) Prescribed for the camper (not a sibling or parent), (3) In the original container with all labels intact, and (4) Correct current dosage. Dosage of non-prescription medication may not exceed product recommendation without doctor's written orders. TPCC staff request that you do not send over-the-counter medications (i.e. Tylenol, Ibuprofen, Benadryl, etc). These types of medications are provided by TPCC).

Name of Medication: _____

Purpose for medication use (e.g. allergies, asthma, antibiotic) _____

Form of medication: ____ Tablet ____ Pill ____ Capsule ____ Liquid ____ Inhalation ____ Other (specify) _____

Dosage (amount to be given): _____ How often or at what time: _____

Remarks or special instructions: _____

Name of Medication: _____

Purpose for medication use (e.g. allergies, asthma, antibiotic) _____

Form of medication: ____ Tablet ____ Pill ____ Capsule ____ Liquid ____ Inhalation ____ Other (specify) _____

Dosage (amount to be given): _____ How often or at what time: _____

Remarks or special instructions: _____

Name of Medication: _____

Purpose for medication use (e.g. allergies, asthma, antibiotic) _____

Form of medication: ____ Tablet ____ Pill ____ Capsule ____ Liquid ____ Inhalation ____ Other (specify) _____

Dosage (amount to be given): _____ How often or at what time: _____

Remarks or special instructions: _____

If necessary, make additional copies of this blank Medication Form in order to provide requested information for each medication. All Medication Release/Administration Forms and medication(s) to be administered should be given to the church Contact Person prior to arriving at TPCC. When the church group arrives at camp, the Contact Person will be responsible for bringing all medications and forms to the TPCC Office. The Forms will be reviewed by our Medical Staff to clear up any possible questions about medications or their administration. To make it easier for the church Contact Person, the parent/or student should put their medications and signed Medication Administration Authorization forms in a zip-lock type plastic bag with the student's name and church written with a marker on the outside of the bag. Parents should emphasize to their child(ren) the responsibility of reporting to the camp Health Center for their medications while at camp.