La Vida Medication Authorization Form

In order to give prescription medication to a student under the age of 18 during a La Vida Expedition, parents need to:

- Complete this authorization form including a written physician's order/signature authorizing staff to dispense any prescription medication.
- Send medication in the original container with a pharmacy label identifying name, drug, dosage (be specific), time medication should be given, and physician's name.
- Note- La Vida staff are NOT authorized to distribute over the counter medications to campers.

Camper name ..... Expedition dates .....

PHYSICIAN'S ORDER FOR ADMINISTRATION OF MEDICATION: INDIVIDUAL STANDING ORDERS

I have prescribed the following prescription(s) for this student and request the dosages be given during camp according to instructions listed below.

	DIAGNOSIS	MEDICATION	DOSAGE	FREQUENCY
1				
2				
3				
4				
5				
6				
7				
8				
9				
#				

Special instructions .....

Sign **Physician's signature** ..... Date .....

Physician's name (print) ..... Phone .....

Address .....

PARENT AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

I hereby give permission for my student to receive medication at La Vida as prescribed by my student's doctor, nurse practioner, or dentist. I authorize reciprocal release of information related to the medication between the camp health director and the prescribing health professional.

Sign **Parent signature**

..... Date .....