## **NH CLIMBING & FITNESS MEDICATION AUTHORIZATION FORM**

## **\*TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN\***

CHILD'S INFORMATION				
FIRST NAME:	MIDDLE NAME:	LAST NAME:		
DATE OF BIRTHDAY: (mm/c	ld/yy)	CHILD'S WEIGHT:		
NAME OF MEDICINE:				
REASON MEDICINE IS NEED	ED DURING CAMP HOURS:			
DOSE:	R	ROUTE: ( i.e., orally / injection)		
TIME TO GIVE MEDICINE: (	h/mm AM/PM)			
ADDITIONAL INSTRUCTION	S:			
DATE TO START MEDICINE:	(mm/dd/yy)	DATE TO STOP MEDICINE: (mm/dd/yy)		
KNOWN SIDE EFFECTS OF N	/IEDICINE:			
MANAGEMENT PLAN FOR S	GIDE EFFECTS:			
CHILD'S KNOWN ALLERGIES	5:			

#### PRESCRIBER'S INFORMATION

PRESCRIBER'S NAME:

PRESCRIBER'S TELEPHONE NUMBER:

#### PERMISSION TO GIVE MEDICATION

I hereby give permission for Evo Rock + Fitness, Concord LLC, d/b/a NH Climbing & Fitness to administer medication as prescribed above. I also give permission for NH Climbing & Fitness to contact the prescribing health professional about the administration of this medication.

(PRINT) NAME OF PARENT OR LEGAL GUARDIAN:

SIGNATURE OF PARENT OR LEGAL GUARDIAN:

DATE: (mm/dd/yy)

ADDRESS OR PARENT OR LEGAL GUARDIAN:

BEST CONTACT TELEPHONE NUMBER:

# NH CLIMBING & FITNESS RECEIPT OF MEDICATION

## **\*TO BE COMPLETED BY STAFF MEMBER\***

RECEIPT OF MEDICATION
NAME OF CHILD:
NAME OF MEDICATION:
DATE MEDICATION WAS RECEIVED:
/

#### MEDICATION SAFETY CHECK LIST:

- □ Child-resistant container.
- Original prescription or manufacturer's label with the name and strength of the medication.
- □ Name of child on container is correct (first and last names).
- □ Current date on prescription/expiration label covers period when medication is to be given.
- □ The prescriber's name and telephone number are on container.
- □ Copy of child's health form is on file.
- □ Instructions are clear for dose, route and time to give medication.
- □ Instructions are clear for storage (i.e., temperature) of medication.
- □ Child has had a previous (trial) dose of medication? Indicate YES or NO
- □ Is this a controlled substance? Indicate YES or NO (If YES consult with camp director).

STAFF NAME (PRINT):	
STAFF SIGNATURE:	
DATE:	