



Summer 2025

Dear Parent/Guardian,

If your child will take medication or will need to have access to emergency medications during the camp day, then the Connecticut State Law requires a physician's written order and parent's/guardian's authorization for a nurse or camp staff in the nurse's absence to administer medication. The Town of Cheshire also requires a Waiver and Release of Liability for administration of medication. For your child to receive any medications while attending camp the Medication Administration Authorization must be completed in full and submitted to camp at least one week prior to their arrival at camp. If your child will not be taking medication at camp and has not been prescribed any emergency medications, then you should not return the authorization.

The Medication Administration Authorization must be brought to the Camp Nurse or Camp Director one week before your child arrives at camp and the medication must be brought with your child's medication no later than the first day your child attends camp. Each camper requiring medication will have a drop-off & pick-up Log Sheet that a parent/guardian must sign when bringing the medication to and taking the medication from camp.

Children requiring medication must be walked to the Camp Director by a parent/guardian on the first day of camp. No child will be administered any medication, prescription or nonprescription, without the attached form completed in full. If your child requires emergency medications (asthma inhaler, epi-pen, etc.) and comes to camp without the form and/or medication, then he/she cannot stay at camp. Parents/Guardians are responsible for picking up the medications when they pick up their child on the last day that he/she is attending camp. Any medications left at camp will be brought to the Parks & Rec. Office for pickup Mon.-Fri. from 8:30am-4:00pm. All medications remaining in the Office on August 15th will be disposed of properly. It is your responsibility to ask for the medication when picking up your child from camp.

If the Camp Nurse has any questions about the Health Questionnaire, then she will call you before the first day your child attends camp. Here are some important phone numbers for camp:

Parks & Recreation Office	(203) 272-2743	
Camp Nurse	(203) 707-0166	
Mixville Adventure Camp	(203) 707-3579	(Director: Ian)
Therapeutic Rec.	(203) 707-0292	(Director: Patty)

The Camp Phones will only be turned on during the camp day when camp is in session. Please call the Parks & Recreation Office prior to June 23, 2025 if you have any questions about camp or the administration of your child's medications.

Sincerely,

Elizabeth Mayne

Program Supervisor

emayne@chshirect.org



AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY CAMP PERSONNEL

The Connecticut State Statutes and Regulations require an authorized prescriber's written order and parent or guardian's authorization for the camp staff to administer medication(s). Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. The program staff shall administer medication only in accordance with this written order of the authorized prescriber. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

AUTHORIZED PRESCRIBER'S ORDER (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student _____ Date of Birth ____/____/____ Today's Date ____/____/____

Address of Child/Student _____ Town & State _____

Medication Name/Generic Name of Drug _____ Controlled Drug? YES NO

Condition for which drug is being administered: _____

Specific Instructions for Medication Administration: _____

Dosage: _____

Method/Route: _____

Time of Administration: _____

If PRN, frequency: _____

Medication shall be administered: Start Date: ____/____/____

End Date: ____/____/____

Relevant Side Effects of Medication _____ None Expected

Explain any allergies, reaction to/negative interaction with food or drugs _____

Plan of Management for Side Effects _____

Prescriber's Name/Title _____ Phone Number (_____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____ Date ____/____/____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL:

Self-administration of medication may be authorized by the prescriber and parent/guardian. Campers may only self-administer medication with the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration: YES NO Prescriber's Signature _____ Date ____/____/____

Parent's authorization for self-administration: YES NO Parent's Signature _____ Date ____/____/____

PARENT/GUARDIAN AUTHORIZATION & WAIVER AND RELEASE OF LIABILITY:

- I request that medication be administered to my child, _____, as described and directed above.
- I hereby request that the above ordered medication be administered by camp personnel, and I give permission for the exchange of information between the prescriber and the camp nurse necessary to ensure the safe administration of this medication.
- I understand that I will supply the medication on the first day of each session and collect it on the last day of each session. I further understand that the medication will be destroyed if it is not collected within one week following termination of the order or one week beyond the close of camp.

I, for my child, myself and for my family, heirs, successors and legal representatives, hereby release, waive, relinquish and agree not to sue the Town and its officials, officers, representatives, insurers, employees, agents, volunteers, servants and independent contractors on account of or in conjunction with any claims, causes of action, injuries, damages, attorneys' fees, costs or expenses arising out of the administration of the above-described medication to my child, **including but not limited to damages for injuries, losses or death resulting from the passive or active carelessness or negligence of the Town or its officials, officers, representatives, employees, agents, volunteers, servants or independent contractors in administering such medications.**

Parent/Guardian Signature _____ Relationship _____ Date ____/____/____

Address of Child/Student _____ Town & State _____

Home Phone # (_____) _____ Cell Phone # (_____) _____ Work Phone # (_____) _____