



Authorization for Administration of Emergency Medications During Ijams Nature Center Day Camps

Child's Full Name: _____ DOB: _____ Camp Session: _____

Parents of children requesting that any medication be administered during camp hours by Ijams Nature Center staff must provide:

- A physician's order and/or signature (use the form below)
- A signature from a parent or guardian (sign at the bottom of this form)
- Medication supplied in the original container with the child's and medical provider's names printed on the label.

Note: All medications should be brought to camp each day and taken home each night. Ijams Nature Center staff are NOT responsible for overnight storage of medication. To promote safety for your child, medication information may be shared with Ijams staff and with 911 personnel, if they are called.

Physician's Order for Administration of Medication During Ijams Camps

I have prescribed the following medication for this child and request that dosages be given during camp hours:

Medication: _____ Dose: _____

Time(s): _____ Route/Method (e.g. by mouth): _____

For treatment of: _____ Possible side effects: _____

Special Instructions: _____

Last date to be given: _____

Other medications taken at this time: _____

Medication ALLERGIES: _____

Print physician's name: _____

Physician signature: _____

Date: _____ Phone: _____

Parental Request for Administration of Medication

I request this medication be given as prescribed, and I give Ijams Nature Center staff the authority to communicate with the ordering physician about this medication. I release Ijams Nature Center personnel from any liability in the administration of this medication during camp.

Parent/Guardian signature _____ **Date:** _____

Please return to Youth Programs Manager, Tyler Edmondson, at tedmondson@ijams.org or 2915 Island Home Ave., Knoxville, TN 37918