



Connecticut
Audubon Society

Connecticut Audubon Society Coastal Center at Milford Point

This form Must be
signed by a Physician
and Parent

Nonprescription Medication Permission Form

(Authorization to Administer/Dispense Nonprescription Medications)

Connecticut State Law requires an authorized prescriber's (M.D., D.D.M., P.A., APRN) written order & parent/guardian's authorization for a youth camp personnel with current Medication Administration Training to dispense/administer medications. The CAS Coastal Center at Milford Point can provide storage for nonprescription/prescription drugs, including inhalers and Epi-pens, and will provide appropriate supervision while your child takes the medication with your permission and as instructed by your physician. (Authorization to Dispense Prescription Medications is a Separate Form - See Attached)

Please complete and sign this form and return it to CAS Coastal Center no later than the first day of camp.

I hereby grant permission for authorized staff of the CAS Coastal Center at Milford Point to store, administer/dispense and supervise the consumption of nonprescription medication, as instructed by me, and directed by our physician, for my child, _____ (name).

While attending _____ (program name(s))

On _____ (dates)

I understand that this medication will be destroyed if it is not picked up within one week after the end of this session.

Please list on the back of this form all medications, the condition for which the drug is being administered, the correct dosage, a schedule of the times it is to be taken, and possible side effects. If there are side effects, please provide a plan for management of these effects.

Note: All medications must be in original containers and clearly labeled with the following information:

- child's name
- name of drug
- strength
- dosage, frequency & method of administration
- physician's name & phone number

Signed: _____ Date: _____
(Parent or Guardian's Signature)

Address: _____ Phone #: _____

Physician's name: _____

Signed: _____ Date: _____
(Physician's Signature)

Address: _____ Phone #: _____

See Reverse

Note: Connecticut State Law requires that this *Nonprescription Medication* form be filled out completely if your child is to receive ANY nonprescription medications. Be sure the form is signed by a physician, & a parent or legal guardian.

CHILD'S NAME:

Medication	Dosage	Frequency	Condition	Side Effects	Plan for Management of Side Effects (if you need more room, please use an additional sheet)

See Reverse