

Youth Outreach Ministry

P.O. BOX 18500, PENSACOLA, FLORIDA 32523-8500

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION 2027

Please check all camps attending.

- ☐ **CAMP O' THE PINES** campopines.com/Forms
☐ **DISCOVER DAY CAMP** discoverdaycamp.com/Forms
☐ **SPORTS CENTER DAY CAMP** sportsdaycamp.com/Forms
☐ **NEXT SUMMER CAMPS** nextsummercamps.com/Forms
☐ **TEEN EXTREME** teenextremecamp.com/Forms

INSTRUCTIONS

- **Camp o' the Pines, Discover Day Camp, and Sports Center Day Camp:** All routine or as-needed prescription or over-the-counter medications, vitamins/supplements, and essential oils the camper will be taking during camp must be listed on this form.
- **NEXT Summer Camps and Teen Extreme:** All routine or as-needed prescription medications (except albuterol rescue inhalers, epinephrine autoinjectors/nasal sprays, or insulin pumps) the camper will be taking during camp must be listed on this form; also list any over-the-counter medications, vitamins/supplements, and essential oils the parent would like the camp nursing staff to keep and administer.

I. CAMPER INFORMATION (to be completed by parent/legal guardian)

Camper Name (First, Middle, Last)		Date of Birth	Age
Parent/Legal Guardian	City, State		Preferred Phone Number

II. TREATMENT PLAN (to be completed by licensed healthcare professional)

If camper takes different doses of the same medication, please list on separate lines.

Medication	Dose, Routine, and Time (e.g., 15 mL, daily, 2 p.m.)	Route of Administration (e.g., oral, inhalation, injection)	Clinical Indication (e.g., asthma, diabetes, ADHD)

Print Healthcare Professional's Name		NPI Number	
Signature of Healthcare Professional	Healthcare Professional's Address		Healthcare Professional's Phone Number

III. PARENTAL PERMISSION (to be completed by parent/legal guardian)

I give permission for the participant to take the medication indicated by this release and hereby request the camp personnel to assist in administering said medication to the participant as prescribed by the doctor. I understand and acknowledge that: (1) I do hereby release and forever discharge YOM and its employees, agents, volunteers, and servants, together with its parent corporation and its subsidiaries and affiliates, and including the directors, officers, employees, and agents thereof, of and from any liability, damages, claims, demands, rights, actions, and causes of actions that might arise on account of any loss, damage, or injury to the participant or expenses of whatever kind which may be sustained as a result of administering or failing to administer said medication; (2) medication should be brought to the camp only by a responsible individual; (3) medication must be in its original labeled container; (4) medication will be destroyed if it is not picked up within one week following the last day of camp; and (5) any change in medication requires an updated waiver.

Parent/Legal Guardian's signature (if camper is under 18 years)	Relationship to participant	Date
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Participant's signature (if camper is 18 years or older)	Date
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THIS FORM IS VOID IF ALTERED IN ANY WAY