

### Retrieving the Prescription Medication Administration Document

1. Navigate to our registration website and then log in to your account
2. Access the “Additional Options” menu in the main menu bar at the top of the page
3. Choose “Document Center” from the drop down menu
4. In the Document Center, locate the desired document (‘Camper Prescription Medication Administration Form’) and click the “download” icon to the right of it
5. Print the form and have it completed by the physician of your choosing

#### **Important notes:**

- We require a physician-signed prescription medication administration form for every medication that we administer at GVR. If your camper takes 3 prescription meds, we’ll need 3 total pages (a separate form for each medication).
- If your camper does not take any prescription medications, simply return the form completed with N/As in all fields.
- Over the counter medications? No physician signature required. Return the same form with the name of the OTC Medication and a parent or legal guardian signature.

### Returning Your Completed Prescription Medication Administration Document(s)

1. Navigate to our registration website and then log in to your account
2. Access the “Additional Options” menu in the main menu bar at the top of the page
3. Choose “Document Center” from the drop down menu
4. In the Document Center, locate the desired document (‘Prescription Medication Administration Form’) and click the “upload” icon to the right of it
5. Choose the appropriate file from your computer to upload (in this case, a file with legible scans of one prescription medication administration form for each medication the camper will take at camp)
  - No prescription medications? Upload the form with N/A written in each field
  - Multiple prescription medications? Make sure to scan each completed page into 1 electronic file. Our system will not allow you to upload multiple files.
6. Click the “upload document” button
7. Our team will review every upload for accuracy and clarity before approving your document

Questions? Give our team a call at (303) 282-3664. If we don’t answer, leave a message detailing the problem you are experiencing and we will return your message as soon as we can.



Medication Administration in School, Child Care or Summer Camp

The parent/guardian of \_\_\_\_\_ ask that summer camp child care staff give the  
(Child's name)

following medication \_\_\_\_\_ at \_\_\_\_\_  
(Name of medicine and dosage) (Time(s))

to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

The Program agrees to administer medication prescribed by a licensed health care provider. It is the parent/guardian's responsibility to furnish the medication.

The parent agrees to pick up expired or unused medication at the conclusion of the camp session.

**Prescription medications** must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped, and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

**Over the counter medication** must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse or camp staff delegated to administer medication.

\_\_\_\_\_  
Parent/Legal Guardian's Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

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**Health Care Provider Authorization to Administer Medication at Summer Camp**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

To be given at the following time(s): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Side effects that need to be reported: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider with Prescriptive Authority

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

Please ask the pharmacist for a separate medicine bottle to keep at summer camp. Thank you!