

Camp Pineapple at UCF Rosen College of Hospitality Management MEDICATION AUTHORIZATION

~QUESTIONS?

Email: CampPineapple@ucf.edu

Office Phone: 407.903.8275

Fax Number: 407.903.8141

hospitality.ucf.edu\camppineapple

| Camper Name | Gender | DOB | Camper Age | Camper Cell Phone |
|-------------|--------|-----|------------|-------------------|
|-------------|--------|-----|------------|-------------------|

The following section is to be completed by the prescribing licensed healthcare provider.

MEDICATION INFORMATION

FOR LICENSED HEALTHCARE PROVIDER USE ONLY:

| Condition for which medication is should be administered: | | | | |
|---|--------------|--|--|--|
| Name of medication/strength: | | | | |
| Route to administer (please check one): □ Oral □ Inhaled □ Injected □ Topical □ Other (describe) | | | | |
| Dosage: Frequency: | Time of Day: | | | |
| If to be given as needed, for what symptoms? | | | | |
| List any significant side effects to medication: | | | | |
| FOR SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AND PANCREATIC ENZYMES: | | | | |
| ■ In accordance with FS 1002.20, I authorize this camper to carry and self–administer the inhaler, epinephrine auto-injector or, pancreatic enzymes as described above and have instructed the camper on its use. □ Yes □ No | | | | |
| ■ Is this high school camper authorized to carry and self-administer his/her medication? ☐ Yes ☐ No | | | | |
| THIS AUTHORIZATION IS VALID FOR THE CURRENT YEAR | | | | |
| | Date | | | |
| | | | | |
| Licensed Health Care Provider Signature | | | | |
| Printed Name | Phone Number | | | |
| Address | Fax Number | | | |

The following section is to be completed by a parent/legal guardian:

- I hereby grant permission to UCF Rosen College and its designees to assist in the administration of the above-prescribed medication to my child while in camp and during camp sponsored activities (FS 1006.062).
- I give permission for my child's doctor to be contacted, if needed, regarding self-administration of the medication listed above.
- It is my responsibility to provide Camp Pineapple with a new medication authorization form if and when these orders change.
- Medication must be in the container in which it was purchased. Prescription medications must have a pharmacy label attached that matches this authorization.

| attached that matches this authorization. | |
|---|--------------|
| Parent/Legal Guardian Signature | Date |
| Parent/Legal Guardian Printed Name | Relationship |
| Primary Phone | Other Phone |

This form can be submitted by email, fax, or by mail.

Print, sign (e-signatures will NOT be accepted), scan and **email** to CampPineapple@ucf.edu with Camper First Name Camper Last Name in the subject line.

Print, sign (e-signatures will NOT be accepted), and fax to 407-903-8141

Print, sign (e-signatures will NOT be accepted), and mail to: Camp Pineapple, 9907 Universal Blvd, Orlando, FL 32819



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Camp Pineapple at UCF Rosen College of Hospitality Management MEDICATION POLICY INFORMATION

Dear Parent/Legal Guardian:

Here are other medication administering options:

- 1. **The parent or legal guardian** may come to UCF Rosen College and give the medication to his or her child after checking in at the secuirty gate and with a camp counselor.
- 2. You may discuss an alternative schedule for administering medication outside of Camp Pineapple with your physician.
- The medication authorization must be completed and signed by both parent/legal guardian and prescribing physician. There are **NO EXCEPTIONS**.
- Prescription medication must be delivered in the current original container with an unaltered
 prescription label attached. Ask the pharmacist to divide the medication into two completely
 labeled containers, providing one container for camp and one for home.
- Over-the-counter and sample medication must be in the original container labeled with the camper's full name, name of medication, directions concerning dosage, time of day to be taken and physician name.
- Over-the-counter medication may be self-administered by high school campers.
- A parent/legal guardian or an adult with written parental permission must deliver medication to the UCF Rosen College. High school campers may deliver their own medication with parental written permission.
- All medication authorization forms are valid for the duration of the camp.
- Please complete one form for each medication make copies as needed. Prescription and Over the Counter Medicines all need a form.

Thank you for assisting us in providing safe medication administration for your child throughout the duration of Camp Pineapple.