



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

Licensed Health Care Provider Signature _____ Date _____

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 aboveprescribed 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.

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



**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 security 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.

Per medical advice, we will be collecting all medications from the campers. Campers will come up to a counselor and the counselor will give them their medication to take. Once the camper is finished taking their medication, the counselor will collect it from them. This is for the safety of your camper and the other campers.

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