



Norman Bird Sanctuary

Authorization to Self-Medicate

Complete this form only if self-medication is required. Please note that campers will **only** be allowed to self-administer epi-pens, insulin, and inhalers, and only if this form is filled out completely and signed by a parent or guardian. All other medications must be administered by NBS camp personnel.

If you have any questions about the management of your child's condition or medication, please contact the NBS office prior to the beginning of camp.

Student Name: _____

Dates of Camp Attendance: _____

PARENT/GUARDIAN AUTHORIZATION

My child has a physical condition which requires him/her to routinely receive medication as quickly as possible in order to avoid a medical crisis or for better disease control. In the interest of his/her personal well being, I hereby grant my child the authority to carry the medication or medications listed below and to self-administer it as directed by the prescribing physician when needed.

Attach additional sheets if necessary:

Medication	Dosage	Administration and Dosing schedule	Condition requiring self-medication	Comments

He/she has been instructed in all self administered medications proper use.

Parent/Guardian Signature: _____ Date _____

NOTE: A completed and signed copy of this form must be received by the Environmental Education Coordinator or Education Director before your child attends summer camp.