

Medication Authorization and Release Form

Cincinnati Museum Center Camps

May 27 – August 8, 2025

This form must be completed fully in order for CMC camp medical coordinators and staff members to administer the required medication (both prescription and non-prescription such as Aspirin, Tylenol, allergy medications) or for the camper to self-administer medication in accordance with the Prescriber's Authorization. A new Medication Authorization and Release Form must be completed each time the camper registers for a camp, and each time there is a change in medication, including a change in dosage or time of administration.

- Medications must be labeled with the camper's name, name of medication, the dosage amount, and the time or times to be given and provide the dosing method (pill splitter/crusher, any supplemental dosing methods, etc.) Medications MUST be in the original container/prescription bottle with no more than the dose needed for the week of camp (if applicable), and with the prescription label or direction label attached. CMC does not hold multiple weeks' worth of medication on site. All medication must be current.
- Medication must be brought on the first day and will be stored in a safe location overnight throughout the week. Medication cannot be kept at camp over the weekend. Please indicate in the special instructions if you want your camper to bring their medication home daily.
- It is highly encouraged for parents to administer longer term medication before or after the program if possible, for dosing schedule.
- Emergency medications (inhalers, EpiPen's, antihistamine's, insulin, seizure medication, etc.) may require additional information. Additionally, parents/guardians may be requested to review the medication and provide specific training for the staff.
- Diabetes and Seizure Management Care Plans will require additional information, and necessary forms will be provided to the parent/guardian if medication and medical care are requested to be provided at camp.
- Medications listed below are to be administered as scheduled only for the dates listed below. This authorization does not extend pasted summer 2025.

CAMPER INFORMATION

Camper Name: _____

Parent/Legal Guardian Name _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

MEDICATION INFORMATION

I. Prescriber's Authorization

Medication 1:

Medication Name	
Condition for which Medication is being Administered	
Specific Instructions for Medication Administration	
Exact Dose	
Expiration Date	
Route	
Time/Frequency of Administration Dates medication should be given	
Relevant Side Effects	
Storage Requirements	
Special Instructions	

Medication 2:

Medication Name	
Condition for which Medication is being Administered	
Specific Instructions for Medication Administration	
Exact Dose	
Expiration Date	
Route	
Time/Frequency of Administration Dates medication should be given	
Relevant Side Effects	
Storage Requirements	
Special Instructions	

Medication 3:

Medication Name	
Condition for which Medication is being Administered	
Specific Instructions for Medication Administration	
Exact Dose	
Expiration Date	
Route	
Time/Frequency of Administration Dates medication should be given	
Relevant Side Effects	
Storage Requirements	
Special Instructions	

Prescriber's Name/Title: _____

Prescriber's place of employment: _____

Address: _____

Telephone: _____

Prescriber's Signature: _____

Date: _____

II. Parent/Guardian Authorization and Release

I, _____, hereby authorize the CMC camp medical coordinators and/or camp staff members to administer the medication or to supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility.

I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify the CMC and all of its officers, departments, agencies, agents, and employees from any and all claims, losses, damages, injuries, fines, penalties, and costs (including court costs and attorney's fees), charges, liabilities, or exposures, however caused, resulting from, arising out of, or in any way connected to assisting the above named camper with the use of the medication. I have read and understand this Authorization and Release and by my signature I agree to its terms.

Parent/Guardian Signature: _____

Date: _____

Please notify us immediately of any changes on this form

Museum Camp Manager (513) 728-0082 camps@cincymuseum.org