

Medication Authorization and Release Form

Cincinnati Museum Center Camps Summer, 2026

This form must be completed fully in order for Cincinnati Museum Center (“CMC”) camp medical coordinators and staff members to administer the required medication (both prescription and non-prescription such as Aspirin, Tylenol, allergy medications). 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 but not limited to, 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). For prescription medication, either the prescription label or direction label must be attached, or a valid record from a patient portal such as MyChart or Mend showing the validity of the prescription must be provided. CMC does not hold multiple weeks’ worth of medication on site.
- All medication must be current and cannot be expired.
- Medication must be brought on the first day and will be stored in a secure 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/guardians to administer longer term medication before or after the program, if possible, to ensure dosing schedule.
- This form is not intended for emergency medications (inhalers, EpiPen’s, antihistamine’s, seizure medication, etc.). Emergency medications require completion of a separate form with additional information. Parents/guardians may be requested to review the medication and provide specific training for staff.
- If your camper experiences certain medical conditions involving the administration of specialized medications, such as diabetes, please contact the Museum Camps Director at camps@cincymuseum.org or (513) 728-0082. CMC will provide necessary forms upon request so that relevant information is obtained to allow the requested medication be provided at camp where reasonably appropriate.
- While Cincinnati Museum Center will make an effort to accommodate all accommodation requests, we may not be able to accommodate requests made less than four (4) weeks prior to the beginning of the program (May 1st, 2026) in consideration of the logistics and process of meeting such a request.
- Medications listed below are to be administered as scheduled only for the dates listed below. This authorization does not extend pasted summer 2026.
- **Parent/Guardian signature is required for both prescription and over-the-counter medications. Healthcare Provider signature is required for prescription medications.**

CAMPER INFORMATION

Camper name: _____

Parent/Legal Guardian Name _____

Primary phone: _____ Secondary phone: _____

MEDICATION INFORMATION

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	

Parent/Guardian Authorization and Release – required for prescription and over-the-counter medications

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: _____

Healthcare Provider Agreement - required for prescription medications

Prescriber’s Name/Title: _____

Prescriber’s place of employment: _____

Address: _____

Telephone: _____

Prescriber’s Signature: _____

Date: _____

**Please notify us immediately of any changes on this form
Museum Camp Manager (513) 728-0082 camps@cincymuseum.org**