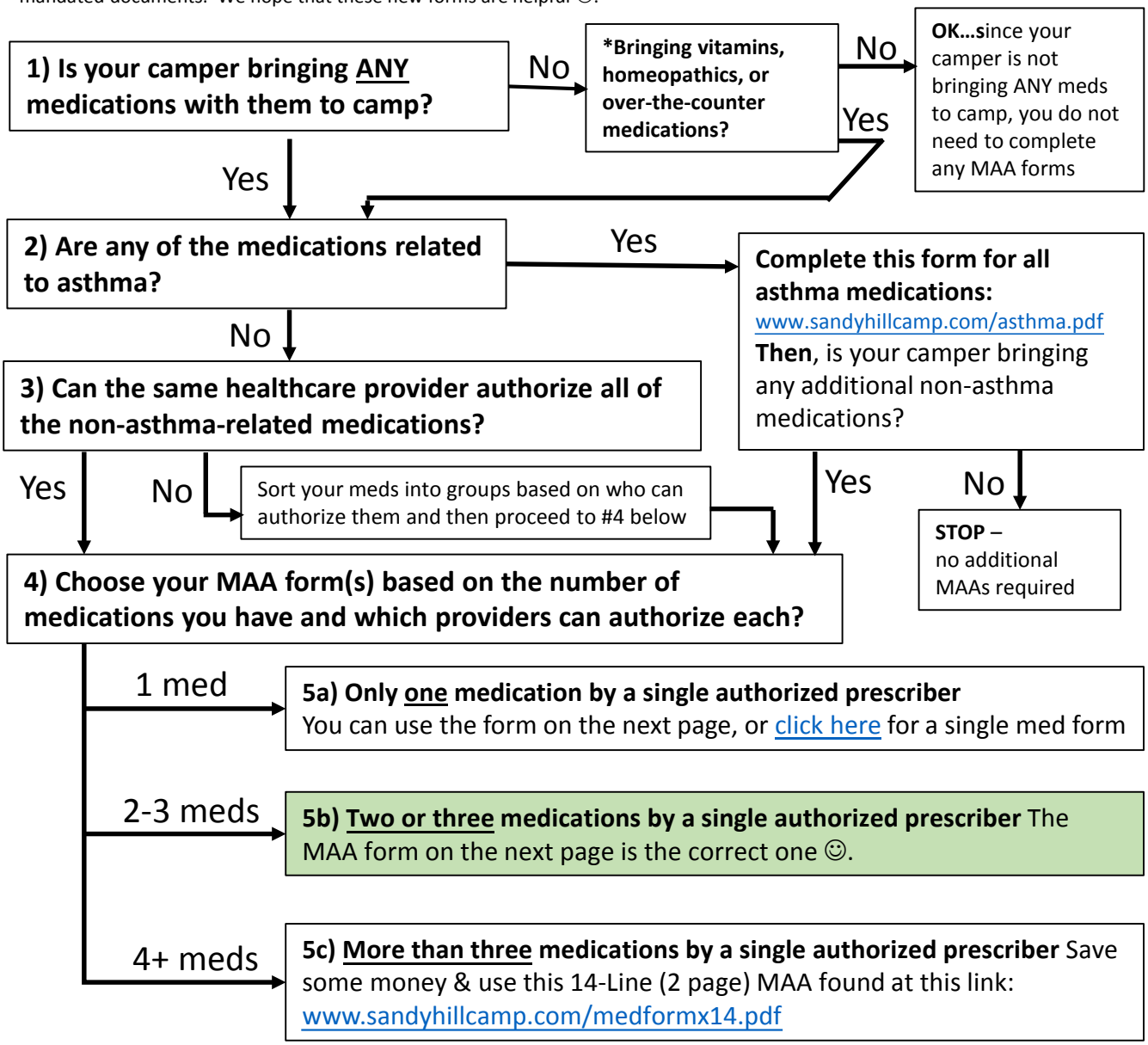
Do you have the right form? Let's make sure…
The form on the next page is an MAA for up to 3 medications.

We understand that some health care providers charge additional fees for each completed form. We now have multi-medication forms (see links below) in an effort to reduce the fees charged by some prescribers to complete these state-mandated documents. We hope that these new forms are helpful ☺.



*The state of Maryland requires all medications to be accompanied by a Medication Administration Authorization (MAA) form signed by a prescriber. This applies to all types of medications including prescription, over-the-counter, vitamins, and homeopathics.

Remember that Sandy Hill stocks over 30 commonly used over-the-counter medications including ibuprofen (Motrin, Advil), acetaminophen (Tylenol), diphenhydramine (Benadryl) and many more. If your camper needs any of these on an as-needed only basis, you do not need to complete any paper medication authorization forms – you simply need to provide parental permission in your camper's Online Health History found on their Camper Home Page.

For more information about medications at camp, please see Section 2.6 on page 7 of the Parents Handbook at www.sandyhill.com/find-a-form.

MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

Maryland Department of Health (MDH)
Office of Healthy Homes and Communities
Please return this completed form to Sandy Hill Camp by fax to (410) 216-3375 or upload online via your Camper Home Page

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-adminster medication. A new medication administration form must be completed at the beginning of each camp season, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Non prescription medication includes vitamins, homeophathic, and herbal medicines.
- An adult must bring the medication to the camp and give the medication to an adult staff member.

Section I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME (First Middle Last)

2. DATE OF BIRTH (mm/dd/yyyy) ____/____/_____

3. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 7b below unless more restrictive dates are specified in 3a and 3b. This authorization is NOT TO EXCEED 1 YEAR.

3a. FROM (mm/dd/yyyy) ____/____/_____

3b. TO (mm/dd/yyyy) ____/____/_____

	Medication Name	Condition Being Treated/PRN Parameters	Dose	Route	Frequency	OK to Self-Administer	OK to Self-Carry (Emerg Meds Only)
1						☐ Yes ☐ No	☐ Yes ☐ No ☐ Not emergency med
			Emergency Medication: ☐ Yes ☐ No Known side effects:				
2						☐ Yes ☐ No	☐ Yes ☐ No ☐ Not emergency med
			Emergency Medication: ☐ Yes ☐ No Known side effects:				
3						☐ Yes ☐ No	☐ Yes ☐ No ☐ Not emergency med
			Emergency Medication: ☐ Yes ☐ No Known side effects:				

4. PRESCRIBER'S NAME/TITLE

TELEPHONE FAX

ADDRESS

CITY STATE ZIP CODE

This space may be used for the Prescriber's Address Stamp

5a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here)
(original signature or signature stamp only)

5b. DATE (mm/dd/yyyy)

Section II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer 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 understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA

6a. PARENT/GUARDIAN SIGNATURE

6b. DATE (mm/dd/yyyy)

6c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION

6d. HOME PHONE #

6e. CELL PHONE #

6f. WORK PHONE #

Section III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)

THIS SECTION SHOULD ONLY BE COMPLETED IF ANY MEDICATIONS IN THE ASTHMA ACTION PLAN ABOVE ARE APPROVED FOR SELF-ADMINISTRATION. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I authorize self-administration of all of the medications listed in *Section I* above that are checked as "OK to self-administer" or "OK to self-administer and self-carry" for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated in *Section I*, the child named above may self-carry emergency medications checked as "OK to self-administer and self-carry."

7a. PRESCRIBER'S SIGNATURE
FOR SELF-ADMINISTRATION/SELF-CARRY

7b. DATE

8a. PARENT/GUARDIAN'S SIGNATURE
FOR SELF-ADMINISTRATION/SELF-CARRY

8b. DATE