



**AUTHORIZATION TO ADMINISTER MEDICATIONS
UNH YOUTH PROGRAMS**

- Prescription medications must be brought to a designated program staff member at check in along with this Authorization Form completed and signed by a parent/guardian.
- List below all meds that the student will have with them, including non-prescription OTCs.
- Many prescription medications are kept with a program staff member, who will distribute to the student. All information regarding medications is kept private.
- It is the responsibility of the student to see the staff member at the appropriate time for the medication to be dispensed. UNH staff members are not responsible for ensuring the medication is taken by the student.
- Prescription medications must be in the original container(s) marked clearly with Student Name, Medication Name, Dosage, and Time of Administration.
- Please bring all medications in a 'baggie' labelled with the student's name.
- Students/Parents are responsible for taking all remaining medication at the end of the program.
- If the student has an Epinephrine (Epi) Pen, another form must be completed and signed by a healthcare provider per NH State law. It is on the youth programs website.

Participant Name: _____ **Program/Camp:** _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

Name of Med	Dosage	Time(s)	Side Effect to Expect	Side Effect to Report

Complete a second form if more space is required.

I request that the student receive the medications as indicated above. The medication labelling and packaging will follow the guidelines. I understand and agree that an assigned staff member may provide the medication, but it is my student's responsibility to seek out the staff member at the appropriate time(s).

Parent Name Printed: _____ Date: _____

Parent Signature: _____