

**Columbia University Teachers College**  
**Summer Humanities & Engineering Academy**  
**Authorization for Medication**  
*(Please read and follow all instructions carefully)*

**This form must be completed in order for the student on this form to receive required medication during summer program hours. A separate medication administration authorization form must be submitted for each medication.**

Since Staff personnel are not health professionals with training in medication administration, participants must be able to self-administer medications. The program director or Assistant Director will oversee the teen as he/she self-administers the medication to ensure that the medication is taken at the designated time(s) and that it is administered by the teen.

Exceptions to this procedure are as follows: Staff personnel will administer medication for anaphylaxis (e.g., Epi-pen), and then call for emergency medical treatment (911). If the physician's order includes a repeat injection, the parent must supply a second dose of anaphylaxis medication.

If it is necessary for a teen under the age of 18 to take over-the-counter or prescribed medication during program hours, an authorization for medication form must be completed in full by the parent or guardian and the teen must have taken the medication at least once without any negative reaction before bringing it to the program.

All medications must be brought to the program in the original pharmaceutical container and labeled with the teen's name, medication dosage and schedule. Only the exact amount of medication should be delivered to the program. If the parent does send more than the specific quantity and does not collect the unused medication within one week after the program has ended, the program will discard the unclaimed medication. All measuring utensils used for administering medications must be labeled with the teen's name and brought in with the medication. All half dosages must be split prior to the start of the program.

Completed forms should be uploaded on the program's website.

Program Staff will store the medication in a secured, non-refrigerated area that is accessible only to authorized personnel.

This information will be kept in strictest confidence by the program and shared only when necessary.

# **Authorization for Medication Physician's Authorization**

Authorization for Medication for:

(name of student)

Condition:

Medication:

Dosage and schedule during summer program hours:

Special instructions:

Side effects:

Student has allergies to the following medication:

## **Asthma Inhaler**

Asthma Inhaler Instructions:

## **Epinephrine Injection**

Give the injection indicated below immediately after report of exposure to:

Epi-pen

Epi-pen Jr.

Adrenaclick

Repeat dose of epinephrine in 15 minutes, if the emergency team has not arrived.  
(must supply a second pre-measured injection)

## **Authorization for the Child or Teen to Carry and Self-Administer Medication**

The above named student may carry this medication with him/her during program hours. He/she has received adequate information on how and when to use this medication, and I believe he/she can safely carry and self-administer it.

Physician Signature:

Date:

# Parent Authorization for Medication

Authorization for Medication for:

(name of student)

Check each box that applies:

I authorize the student named on this form to take the medication as directed by his/her physician.

I authorize the student named on this form to carry and self-administer medication during program hours as directed by his/her physician.

I authorize program personnel to administer an Epi-pen, Epi-pen Jr., or Adrenacllick for my child as directed by his/her physician.

I authorize program personnel to administer the following over the counter medications:

I have read the instructions on page 1 that clarify the medication administration procedures, and I assume the responsibilities indicated. I agree to release The Trustees of Columbia University in the City of New York (the "University"), Columbia University, Teachers College ("TC"), Elite Direction Inc. (the "Company") and any of its agents, employees, or contractors from all liability for administering any medication to

(name of student)

I understand that I must collect any unused medication no later than one week after the program ends, or the program will discard the medication.

Parent/Guardian Name (print):

Day Phone:

Parent/Guardian Signature:

Date: