Connecticut Department of Children and Families WILDERNESS SCHOOL – NON-PRESCRIPTION MEDICATION AUTHOPRIZATION (OTC)

DCF-2303

1/18 (Rev.)



In Connecticut, Youth Camps ac requesting medication administ										
container and labeled with child										
hours prior to the course start. Student LAST Name: Student FIRST Name:		DOB:		Address (No. and	Address (No. and Street):			State	:	Zip:
Parent/Guardian LAST Name:	Guardian LAST Name: Parent/Guardian FIRST Name:		onship:	Address (No. and	Address (No. and Street, if different from above):			State		Zip:
To the parent/guardian: I give permission for the r	medication(s) listed below b	oe administered t	to my child/youth a	as described and directed.						
• .	also check below) for non-	prescription topic	cal medications th	at may be provided by Wi	Iderness School staff and	d do not re	equire doctor's o	orders or prescrip	otion:	
☐ Ointments f	Parent/Guardian	Parent/Guardian Signature					Date			
☐ Medicated powders available without prescription										
Name of Prescribing Physician/APRN/PA:) :	Address (No. and	Address (No. and Street):			City: State		Zip:
Please complete in detail for each medication that is prescri			sian for each m	andication ordered:	ion ordered:					
								Date of Order	Order	
Medication	Dosage & Frequency	Administration	n Route	Specific Instructions	for management	interactions with food / drugs		(Start/stop if applicable)	Prescriber's Signature	
							<u> </u>	ирриошило)		
									1	