

## Written Approval for Administration of Medication Training for Youth Camps

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Address of Student

\_\_\_\_\_  
Student's DOB

\_\_\_\_\_  
Phone Number of Student

In accordance with Section 19a-428-6(a)(2) of the Regulations of Connecticut State Agencies which govern youth camps, this student has successfully mastered and demonstrated the required training in the general methods of medication administration (including content specified in 19a-428-6(a)(2)(A)(ii) of the above referenced regulations) and the training(s) as noted below.

(Check all that apply)

- Oral, topical, and inhalant medication (valid for three years)
- Injectable medications by a premeasured commercially prepared auto-injector (valid for one year)
- Rectal medications (valid for three years)
- Injectable medications other than by a premeasured commercially prepared auto-injector (valid for three years)

**Trainer Information:**

\_\_\_\_\_  
Full Name of Physician (MD/DO);  
Pharmacist (R.Ph.), Physician Assistant (PA);  
Advanced Practice Registered Nurse (APRN) or  
Registered Nurse (RN)

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature / Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Training

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Location of Training