

This form must be completed for campers bringing **medication** to camp.

# Bringing Medication to Camp

Camper's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Camp: \_\_\_\_\_

Unit: \_\_\_\_\_

Camper is attending more than one Day & Evening Camp program this summer.

This form must be completed fully in order for camp staff members to administer the required medication or for the camper to administer the 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 the labeled original container by the pharmacist or prescriber.
- DO NOT pre-dispense, place in a daily pill holder, wrap in outer materials, or ask us to dispense by other than doctor's order.
- At least one dose of a prescription medicine MUST be given to the camper at home before bringing to camp.
- Please indicate if medicine is taken daily or as needed.
- Please be specific with any variation or conditions associated with "as needed".
- If your child will bring an **inhaler, EpiPen**, or other emergency med to camp, or has **diabetes** please also complete the **Specialized Health Care Form** and **Action Plan** or copy of current approved action plan.
- Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- An adult must bring the medication to the camp or bus stop and give the medication to an adult staff member.

Please list all medications that your camper will bring to camp below. This includes over-the-counter and prescription medications.				Check the appropriate boxes below for each medication.					
Medication	Reason Taking	Date of dose taken at home for prescriptions	Dosage	Breakfast	Lunch	Dinner	Bedtime (before 9PM)	Other	As Needed

### Parent/Guardian Authorization

I request the authorized youth camp operator, staff member or volunteer to administer the medication or 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, which may include the child, 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone \_\_\_\_\_