Bringing Medication to Camp

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

Camper’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

This form must be completed fully in order for camp nurse to administer the required medication.

* Prescription medication must be in the labeled original container or in blister packs
* Please DO NOT pre-dispense or place in a daily pill holder
* 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”
* Nonprescription medication must be in the original container with the instructions for use
* Please include inhales, epi-pens, and any other rescue medication that may be needed
* Prescription bottles should correspond to information on this form
* Store medication bottles and/or blister packs in a bag or large container with camper name and date of birth clearly labeled

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Time Given | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Medication Name: |  |  |  |  |  |  |  |  |  |
| Dose: |  |  |  |  |  |  |  |  |  |
| Times: |  |  |  |  |  |  |  |  |  |
| Route: |  |  |  |  |  |  |  |  |  |
| Medication Name: |  |  |  |  |  |  |  |  |  |
| Dose: |  |  |  |  |  |  |  |  |  |
| Times: |  |  |  |  |  |  |  |  |  |
| Route: |  |  |  |  |  |  |  |  |  |
| Medication Name: |  |  |  |  |  |  |  |  |  |
| Dose: |  |  |  |  |  |  |  |  |  |
| Times: |  |  |  |  |  |  |  |  |  |
| Route: |  |  |  |  |  |  |  |  |  |
| Medication Name: |  |  |  |  |  |  |  |  |  |
| Dose: |  |  |  |  |  |  |  |  |  |
| Times: |  |  |  |  |  |  |  |  |  |
| Route: |  |  |  |  |  |  |  |  |  |
| Medication Name: |  |  |  |  |  |  |  |  |  |
| Dose: |  |  |  |  |  |  |  |  |  |
| Times: |  |  |  |  |  |  |  |  |  |
| Route: |  |  |  |  |  |  |  |  |  |

I request the authorized camp nurse to administer the medication or supervise the camper in self-administration as prescribed by the 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 camp.

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

Cell or Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_