



DO NOT MAIL THIS FORM – BRING IT WITH YOU **TO CAMP** OR THE **BUS STOP**

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

Day & Evening Camp 2022

Bringing Medication to Camp

Form A

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 camper 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 |
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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 _____

Please copy this page as needed for additional medications.