



Medication Form

Important. Please make sure you understand the following before proceeding:

Camping Regulations require that the following form be completed and signed by a parent/guardian in order for a trained and certified staff member to administer prescribed medications during camp operating hours. All medications must be in a pharmacy labeled container with the name of the child below as the prescribed, name of the drug, strength, dosage, frequency, authorized prescriber and the date of the original prescription. Over the counter medication must be in the original container and labeled with the child's name.

Over the Counter (OTC): All over-the-counter medications must be labeled with the campers name and your prescribed time and use. This form must be completed. Medications **MUST** be delivered by the authorizing parent/guardian. You may **NOT** send medications with your child to camp. All medications can only be accessed by designated personnel. Certain medications such as inhalers and epi-pens may be allowed to be carried by the camper at the Camp Director's discretion.

Camper Name: _____ Date of Birth: _____

Name of Medication: _____

Date / Time Administered: _____

Administering Instructions: (Be very specific)

PARENT/GUARDIAN'S AUTHORIZATION

I hereby request that the above medication, approved and ordered by an authorized doctor for my child be administered by the camp health provider during day camp operation hours specified above. I understand that I must supply the camp with the appropriately prescribed medication in the original container dispensed and properly labeled by an authorized prescriber. Over the counter medications will be in their original packaging and have my child's full name clearly labeled. I understand that if not picked up, this medication will be destroyed after one (1) business week following the termination of the order or end of participation in Camp Trinity day camp programs.

I give my child permission to self-administer his/her prescribed inhaler or epi-pens as directed by the child's physician. **Yes / No** _____

Print Name: _____

Signature: _____ **Date:** _____