

Medication Instructions and Information—Please read thoroughly!

Please send ALL medication in the original Pharmacy labeled bottles. DO NOT put medication into daily pill boxes. PLEASE MAKE SURE YOU SEND ENOUGH MEDICATION FOR THE WHOLE WEEK! Over-the-counter-medication such as Tylenol or Ibuprofen will be provided at the health center. Any over-the-counter-medication brought to camp must be in the original manufactured containers.

This form is to be filled out completely, placed in a Zip Lock bag with all bottles of medication and delivered to the medical team during check-in. DO NOT MAIL THIS FORM BACK! Please bring it with you to camp.

Name of person receiving the medication: _____ **Cabin:** _____
 (A separate form **MUST** be filled out for each camper) (To be filled out by the nurse)

Name of Medication	Dose	Time of Day to be given	Special Instructions: Example = Place crushed pills in applesauce

If the participant has an indwelling central line, send all supplies such as bandages, heparin, tubing, and the medication to be infused. BE SURE to send extra bandage supplies in case the camper sweats and we are required to change the dressing more frequently.

****If the participant has an IV, MV or SQ medications, send ALL supplies for the infusion or injection (syringes, tubing, caps, needles, heparin, etc.) We must have a written Physician’s orders to administer injectable medications. Attach the orders to this form!****

Name of Injectable Medication	Instructions	Signature of Parent who attached the written Physician’s orders to this form

I have read the above instructions carefully and have filled out the information on medications for my child. I give permission for the camp medical team to administer the medication as instructed above. I also give permission for members of the camp medical team to give over-the-counter-medication as needed for my child. The medical team has permission to assess and give treatment as necessary for the medical care of my child. In an emergency, I give permission for X-rays, routine tests and medical treatment as deemed necessary by the physician or medical personnel chosen by the camp personnel. I understand that the cost of medical care is covered by the camp only up to the amount of \$2,500. Any claim in excess of this amount is my responsibility.

Signature of Parent/Guardian (must be signed for anyone under the age of 18) _____ Date _____