

Chef Camp

MEDICATION ADMINISTRATION PERMISSION FORM FOR CAMPERS WHO ARE BRINGING MEDICATION WITH THEM FROM HOME TO CAMP

Complete this form ONLY if your child will be bringing medication to camp.

Required for ALL medications brought to camp, prescription AND over-the-counter.

BRING THIS FORM WITH YOU TO CAMP CHECK-IN

Policy:

- All medication must be in the original container, labeled by the pharmacy, with the child's name, with the dosage, time, and quantity to be given. The camp is unable to administer any unlabeled medication.
- The camp will not give dosages which are different than the amount labeled. All dosage changes require written authorization from the prescribing physician.
- Camp personnel do not cut tablets. If your child is to receive 1/2 a tablet, the medication must be cut at home or by the pharmacist when the prescription is filled.
- Camp is not responsible for the administration of any type of medication that is not turned in to the camp.
- The camp will do everything possible to support a camper with complying with taking medication as directed in the information provided. However, the camp is not responsible for non-compliance by a camper.

THIS SECTION TO BE COMPLETED BY CAMP AT CHECK IN:

Sessions Attending _____ Arriving Session _____ Departing Session _____

Is camper flying home? _____ Early Departure? _____

CAMPER NAME: _____
Last Name First Name Middle Initial

MEDICATIONS

Please Print List Each Medication Separately

Medication: _____
 Condition for which the medication is prescribed: _____
 Dosage _____
 Select Medication Time(s) to be given: __ Breakfast __ Lunch __ Dinner __ Bedtime __ Other: _____
 Side Effects: _____

Medication: _____
 Condition for which the medication is prescribed: _____
 Dosage _____
 Select Medication Time(s) to be given: __ Breakfast __ Lunch __ Dinner __ Bedtime __ Other: _____
 Side Effects: _____

Complete Both Pages

PARENT/GUARDIAN SIGNATURE REQUIRED ON PAGE 2

Medication: _____
Condition for which the medication is prescribed: _____
Dosage _____
Select Medication Time(s) to be given: __Breakfast __Lunch __Dinner __Bedtime __Other: _____
Side Effects: _____

Medication: _____
Condition for which the medication is prescribed: _____
Dosage _____
Select Medication Time(s) to be given: __Breakfast __Lunch __Dinner __Bedtime __Other: _____
Side Effects: _____

Medication: _____
Condition for which the medication is prescribed: _____
Dosage _____
Select Medication Time(s) to be given: __Breakfast __Lunch __Dinner __Bedtime __Other: _____
Side Effects: _____

Complete as applicable:

___ Camper has permission to self-administer inhaler as needed and is responsible for its use.
___ Camper has Epi-pen and has permission to self-administer as needed and is responsible for its use.
___ Camper requires assistance from personnel specifically trained to perform procedure (such as giving injections, testing blood sugar, etc.)Specify: _____

Camper is bringing the following medical equipment to camp: _____

OTHER: _____

PARENT/GUARDIAN SIGNATURE REQUIRED

Medication Administration Permission

I hereby give permission for camp staff to administer the medication provided and listed on this form to my child. I have read the camps policies regarding the administration of medication and agree to comply. I further acknowledge that Chef Camp, its directors, officers, agents, employees, and staff shall have immunity from any liability from damages, injuries, allergies, or reactions resulting from the administration of the medication provided.

Signature of Parent/Guardian Date

Print Parent/Guardian Name: _____

Please bring all medications in a clear gallon size zipper-lock bag, labeled with your child's name. Thank you!