

MEDICATION PERMISSON FORM

Confidential Information

This form is to be brought in on your child's first day of camp.

Day Group: _____ PINE TREE DAY CAMP or _____ KAMPUS KAMPERS NIGHT CAMP
Night Group: _____

Dear Parent/Guardian,

As a reminder, for the safety of campers and to streamline medication handling, please note:

Except with prior notification to Camp Nurse, parent MUST supply to camp the entire amount of medication needed to last for their camper's full camp session. Medication will NOT be sent home on Fridays for weekend use on Friday unless written notification parent is received by Thursday at 5pm (no exceptions).

All medication, including over-the-counter medication, MUST be in original labeled medication container accompanied by the signed Medication Permission Form. A separate permission form must be signed for each medication. Medication MUST be given by the parent to the Camp Nurse; medication cannot be sent into camp with your camper or accepted by other members of the Camp Staff other than the Camp Nurse.

For campers with life threatening conditions please supply the camp with 2 emergency medication units; one for the Nurses' Office and one for the Off-Campus Field Trip Bag. These emergency medications include asthma inhalers, Epipen/Epipen Jr injectors, glucagon injection kit and Diastat suppository kit.

For your convenience the Camp Nurse will be available by appointment the week prior to camp opening to collect your camper's medication.

Thank you for your cooperation and assistance.

Name of camper: _____ Birth date: _____

Name of Medication: _____

Desired action of medication: _____

Dosage: _____ Discontinue date: _____

How often and at what time: _____

Symptoms of adverse reaction to medication: _____

Parents Signature: _____

Date: _____