

# COMMUNITY CAMP

## CAMP MEDICATION FORM: PRESCRIPTION & NON-PRESCRIPTION

Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ COF Campus: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Parent/Phone: \_\_\_\_\_

### NON-PRESCRIPTION MEDICATIONS

I give permission for the following medications to be given to my child in the event they demonstrate symptoms that could be controlled by administering such medication.

**(DO NOT SEND THE MEDS LISTED BELOW, THEY WILL BE SUPPLIED)**

Acetaminophen, Ibuprofen, Diphenhydromine, Antihistamine, Antacids/Anti-Itch  
Triple Antibiotic/First aid Cream, Sunburn Relief (Aloe Vera), Cough/Throat Drops

**OTC Medication:** \_\_\_\_\_ Dose: \_\_\_\_\_ Time/Frequency: \_\_\_\_\_ Route: \_\_\_\_\_

Date to begin: \_\_\_\_\_ Date to end: \_\_\_\_\_ Reason for Use: \_\_\_\_\_

**OTC Medication:** \_\_\_\_\_ Dose: \_\_\_\_\_ Time/Frequency: \_\_\_\_\_ Route: \_\_\_\_\_

Date to begin: \_\_\_\_\_ Date to end: \_\_\_\_\_ Reason for Use: \_\_\_\_\_

I hereby request and grant permission for the above named camp to supervise the medication routine prescribed for the above named child. I hereby release the designated medication administrator, Community of Faith Churches and its affiliates, trustees, officers, employees and any volunteers, any supervisory personnel, their heirs, executors, administrators, or successors, from any and all liability that may arise out of services rendered in dispensing the named medication(s). *If indicated: I hereby authorize my child to possess and use an inhaler and or epinephrine administration device independently, as prescribed while at camp and any camp related activity or program sponsored by Community of Faith Churches.*

**Parent/Guardian Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

### PRESCRIPTION MEDICATIONS, SELF-CARRY: PRACTITIONER DIRECTIONS

*~Medication must be in the original and most recent medication container~*

**Medication #1:** \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_ Route: \_\_\_\_\_

Date begin: \_\_\_\_\_ Date end: \_\_\_\_\_ *For inhalers & epinephrine:*  Repeat if symptoms do not improve.

If inhaler or epinephrine does not produce expected relief, contact  Parent  EMS

Other: \_\_\_\_\_

Reason for Use: \_\_\_\_\_  Special instructions: \_\_\_\_\_  Adverse side effects to report:

\_\_\_\_\_  Not expected to produce Life Threatening Symptoms should another student receive dose not prescribed for them.

**OR**  List Expected Severe Reaction symptoms & Required Interventions:

\_\_\_\_\_

**Medication #2:** \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_ Route: \_\_\_\_\_

Date begin: \_\_\_\_\_ Date end: \_\_\_\_\_ *For inhalers & epinephrine:*  Repeat if symptoms do not improve.

If inhaler or epinephrine does not produce expected relief, contact  Parent  EMS

Other: \_\_\_\_\_

Reason for Use: \_\_\_\_\_  Special instructions: \_\_\_\_\_  Adverse side effects to report:

\_\_\_\_\_  Not expected to produce Life Threatening Symptoms should another student receive dose not prescribed for them.

**OR**  List Expected Severe Reaction symptoms & Required Interventions:

\_\_\_\_\_

**Yes \*\*\* Child may Self-carry & Administer** (If unable to self administer, staff will administer per package directions)

\*\*\* By signing below as the prescriber, I have determined this child is capable of possessing & using an inhaler, epinephrine and/or other administration device/medication appropriately & have provided the child training in the proper use of this medication/device. I also approve of the above parent-selected non-prescription medications

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which may be given if deemed appropriate by the Medical Team, according to package directions and child specific information: age, height, weight etc.

\_\_\_\_\_  
Practitioner's PRINTED Name    Practitioner's Phone    **Practitioner's Signature (required)**    \_\_\_\_\_  
Date

*\* Parents must provide Prescription Medications & this completed Medication Form to Medical Team upon camp arrival.*

*\* No medications will be administered without a Medical Practitioner's signature.*

*\* All unused medications must be picked up by camp-end. Any unclaimed medications will be discarded at that time.*