



# Camper Medical Information Sheet

Last Name: \_\_\_\_\_

Medications must be dropped off & picked up each day by a parent or authorized adult. Any medications left overnight are documented in the Centrally Stored Medication Log. All medications are stored in locked containers & administered by designated camp personnel. Only medications in their original package with prescription label are accepted; OTC medications are only accepted with a parent's note stating detailed administration instructions.

Camper's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Session(s): \_\_\_\_\_ Dates: \_\_\_\_\_ Camp Name: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Phones: Parent (A) Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent (B) Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please repeat the following section as necessary. A coordinator may contact you for additional information.

Medication & Strength \_\_\_\_\_ Dosage \_\_\_\_\_

Administration Instructions \_\_\_\_\_ Storage Instructions \_\_\_\_\_

Quantity prescribed \_\_\_\_\_ Quantity sent to camp \_\_\_\_\_

Date prescribed \_\_\_\_\_ Expiration Date \_\_\_\_\_ Permanent \_\_\_ Temporary (list dates) \_\_\_\_\_

Reason for medication \_\_\_\_\_

Possible side effects (i.e.: reactions to food, dehydration, stress, restrictions on activity) \_\_\_\_\_

Which, if any, of the above side effects has your child experienced? To what extent? \_\_\_\_\_

Other important information regarding medication \_\_\_\_\_

Expected consequences of medication not taken as directed \_\_\_\_\_

Medication & Strength \_\_\_\_\_ Dosage \_\_\_\_\_

Administration Instructions \_\_\_\_\_ Storage Instructions \_\_\_\_\_

Quantity prescribed \_\_\_\_\_ Quantity sent to camp \_\_\_\_\_

Date prescribed \_\_\_\_\_ Expiration Date \_\_\_\_\_ Permanent \_\_\_ Temporary (list dates) \_\_\_\_\_

Reason for medication \_\_\_\_\_

Possible side effects (i.e.: reactions to food, dehydration, stress, restrictions on activity) \_\_\_\_\_

Which, if any, of the above side effects has your child experienced? To what extent? \_\_\_\_\_

Other important information regarding medication \_\_\_\_\_

Expected consequences of medication not taken as directed \_\_\_\_\_

## PERMISSION TO CARRY MEDICATION – PARENT AUTHORIZATION

Parents may authorize campers to carry & administer his/her medications needed for life-threatening conditions such as epi-pens for anaphylactic reactions & asthma inhalers. Prior approval is needed for other medications to be carried by campers.

By signing below, the parent/ legal guardian acknowledges that the child has been instructed in the purpose, administration and all other pertinent information regarding this medication and has authorized him or her to self-administer as directed.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

By signing below, the camper acknowledges that she/he fully understands the purpose & administration of the above medication.

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date