

Camp Blessing Medication Administration Permission Form



Camper's Name: _____ Age: _____ Weight: _____ Term: _____
Parent/Guardian contact information: _____

Camp Medication Details

- All camper medication must be in the original container, labeled by the pharmacy, current prescription with the camper's name with the dosage, route, time and quantity to be given. The camp is unable to administer any unlabeled medication. All unprescribed medications must be in the original container. The camp will not give doses, which are different than the amount labeled. All dosage changes require written authorization from the prescribing physician. Injectable medications must be accompanied with a written physician's order to administer.
- Bring all medications bottles in a Ziploc bag with your camper's name on it and turn it in to camp staff during check-in
- Send only seven (7) days of medications to camp, if liquid you may bring the entire bottle
- If your camper is to receive ½ a tablet, please cut prior to camp
- The camp is not responsible for the administration of any medication that is not turned into the camp.
- All Medications are to be picked up at closing ceremonies

***Circle all that apply for your camper:** (Will need to include all Action Plans for any conditions circled)

Seizures* Anaphylaxis/Severe Allergies* Asthma* Diabetes* Hypoglycemia*

The Action Plan(s) is required for those conditions circled above and will need to be signed by the Health Care Provider/Physician (HCP). (If you have completed one for your child's school, you may provide that form).

Parent/Guardian will provide current medications noted in Action Plan and provide all equipment.

Camper requires assistance from personnel specifically trained to perform procedure (such as giving injection, testing blood sugar, GT Feedings, etc.) Specify:

Camper is bringing the following medical equipment to camp:

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Medication (Prescription/Nonprescription/ Over the Counter Supplements)	Dose	Route	Time	Reason	Special Instructions (i.e. crushed in applesauce)

+If your camper has injectable medications, we must have a written (HCP) Health Care Provider/Physician's order to administer them. Please attach orders to this form. All dosage changes require written authorization from the prescribing HCP.

Signature of Health Care Provider (HCP) _____ **Date** _____

Printed Name of HCP _____ **Clinic:** _____

I have read the above instructions carefully and have filled out the information needed on medications for my child. I give permission the Camp Blessing's clinical team to administer the prescribed and/or unprescribed medication(s) as instructed above **and** as reviewed by my child's health care provider. I understand that the camp is not responsible for non-compliance by my camper.

Signature of Parent/Guardian _____ **Date** _____

Return this form to – Martha.Fleming@campblessing.org