



Camp Medication Form

Authorization for Medication to Be Taken During Camp Hours

THIS FORM ONLY NEEDS TO BE COMPLETED IF CAMPER WILL BE TAKING MEDICATION AT CAMP

The State of Delaware requires proper documentation for prescription medication to be taken at camp. If your child will be attending camp with any medication including an epi-pen, nebulizer, or any other prescribed medication, this form must be completed and submitted to the camp manager at least *10 days before the start of camp. Camp staff is not permitted to dispense medicine, so your child's physician must complete the authorization section stating that your child is able to self-administer any medication sent to camp. All approved medication must be brought to camp in its original container. It is important for us to understand your child's medical and behavioral needs. We want our staff as prepared as possible to ensure your child's safety and to provide the best possible camp experience. This form is required to be completed each year. *Contact the camp manager outside of this 10 day window.

THIS FORM ONLY NEEDS TO BE FILLED OUT IF CAMPER WILL BE TAKING MEDICATION AT CAMP.

The following section is to be completed by the PARENT/GUARDIAN:

| | | | | |
|--|-----------|-----------------|-----|---------------|
| CAMPER: | LAST NAME | FIRST NAME | SEX | DATE OF BIRTH |
| Physician's Name: | | Phone: | | |
| Physician's Address: | | | | |
| I request the ability to send medication with my child which they are approved to administer themselves as stated by my child's physician below. I understand that camp staff is not permitted to dispense medicine. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| Signature of Parent/Guardian: | | Date: | | |
| Home Phone | | Emergency Phone | | |

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE PHYSICIAN:

| | |
|---|-------|
| NAME OF MEDICATION: | |
| DOSAGE: | |
| If medication is to be taken DAILY, at what time? | |
| If medication is to be given "WHEN NEEDED," describe indications: | |
| How soon can dose be repeated? | |
| Is camper authorized to medicate himself? | |
| List significant side effects: | |
| PHYSICIAN'S SIGNATURE: | DATE: |

ALL MEDICATION:

- Must be in their original container with the information clearly labeled on the container.
 - Must be prescribed, in writing, by the physician either on the health form or dated prescription order.
- This must include dosage and schedule. The doctors' orders must be the same as on the label of the medication container. The physician's order must be followed. **This form must be completed and submitted for all medication. All medication must be handed to the head counselor or camp coordinator at the sign-in table.**