

# Camp Blessing

## Volunteer Medication Administration Permission Form



Name: \_\_\_\_\_ Age: \_\_\_\_\_ Term: \_\_\_\_\_  
 Parent/Guardian contact information: \_\_\_\_\_

**Camp Medication Details**

- All Volunteer’s medication must be in the original container, labeled by the pharmacy, current prescription with: Volunteer’s name, name of medicine, dosage, route, and time 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 Volunteer’s name on it and turn it in to camp staff
- 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:** (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.***

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

+If the Volunteer 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

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. I understand that the camp is not responsible for non-compliance by my child.

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

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