

A few notes from the Camp Nurse:

Ticks: Ticks are plentiful again this year. We will document tick removal if a camper visits the nurses station. It's possible that a tick may go undetected in spite of reminding campers to check for ticks. Campers will be reminded to look for bullseye rash or report flu-like symptoms. Although tick-borne illness is rare, symptoms may appear in the weeks following camp, so be sure to ask your child if he/she removed a tick during the week.

Summer viruses: Please do not send your child to camp if they are sick (vomiting, diarrhea, fever, respiratory illness-other than allergies/asthma). We would rather they come a day late and enjoy their camp experience!

Please remember to send inhalers, nebulizers, epi-pens, etc. -even if they haven't been used in a while! If your child is diabetic, please contact the nurse **ahead of time!** For special food needs, contact food service director, Pam Bruns at pam@sciotohills.com!

Medications: One of the biggest changes this year is the need to have a physician/parent signature for medication administration. This is similar to the procedure for administering medications at most schools. The attached document can be used. All medications being sent to camp should be listed, including over the counter medication and/ or supplements. Papers may be faxed or sent with medications. (camp fax #: 740-778-2170). Parent signature is required for both prescription and non-prescription medications, including any supplements that you may be sending for your child. Physician signature is required for prescription medication. This is a very recent change, so I apologize for the late notice.

We are looking forward to another fun (and safe!) summer! Please let me know if there are questions/concerns. I can be reached by email: rebecca@sciotohills.com.

Thanks,

Rebecca Mantle, RN

Scioto Hills Camp Medication Administration Authorization

Note: All prescriptions MUST be in original container.

Child's name: _____ Dates attending

camp: _____

Age: _____ Date of Birth _____

Prescription Medications to be administered at camp: (Please list the name of the medication, dosage, route of administration and times to be administered):

1.

2.

3.

4.

5.

6.

Comments or special instructions:

Supplements/ natural remedies to be administered at camp: (please list name, dosage, route and times to be administered):

Parent signature: _____ Date: _____

Physician signature: _____ Date: _____

