

ND SPORTS CAMP

MEDICATION ADMINISTRATION CONSENT FORM

Complete this form only if your child will be bringing medication to camp.
Required for ALL medications brought to camp, prescription and over the counter.

BRING THIS FORM WITH YOU TO CAMP CHECK-IN

Policy:

- All medications must be in the original container, labelled by the pharmacy, with the child's name, with the dosage, time, and quantity to be given.
- The camp is unable to administer any unlabelled medication.
- The camp will not give dosages which are different from the amount labelled. All dosage changes require written authorization from the prescribing physician.
- Camp personnel do not cut tablets. If your child is to receive ½ a tablet, the medication must be cut at home or by the pharmacist when the prescription is filled.

Camper Name: _____
Last Name First Name

Effective Dates: _____ to _____

List each medication separately (please print):

Medication: _____
Conditions for which the medication is prescribed: _____
Dosage: _____
Select medication time(s) to be administered: 1st Snack Lunch 2nd Snack Other: _____
Side Effects: _____

Medication: _____
Conditions for which the medication is prescribed: _____
Dosage: _____
Select medication time(s) to be administered: 1st Snack Lunch 2nd Snack Other: _____
Side Effects: _____

Complete as applicable:

- Camper has permission to self-administer inhaler as needed and is responsible for its use.
- Camper has Epi-pen and has permission to self-administer as needed and is responsible for its use.
- Camper requires assistance from camp personnel.

Other Notes:

PARENT/GUARDIAN SIGNATURE REQUIRED

Medication Administration Permission

I hereby give permission for ND Sports Camp staff to administer the medication provided and listed on this form to my child. I have read the camps policies regarding administration and agree to comply. I understand that the camp is not responsible for non-compliance by my child. I further understand that ND Sports Camp staff shall have immunity from any liability from damages, injuries, allergies, or reactions resulting from the administration of the medication provided.

Signature of Parent/Guardian

Date

Parent/Guardian Name (please print)