



Camp RAD Camper Permission To Medicate Form: Physician Order/Parent- Guardian Consent

****This permission to medicate form does not take the place of the camper health form. This is for prescription Medication only****

Camper Name: (First Name) _____ **(Last Name)** _____

PARENT/GUARDIAN CONSENT: I give permission for my child names above to receive the following medication ordered by a licensed prescriber during the camp day. I understand that the medications will be given by camp health personnel or Camp RAD owner (Kelly Degorski) according to my child’s licensed prescriber’s directions.

Parent/Guardian First Name: _____ **(Last Name)** _____

Parent/Guardian Signature: _____ **Date:** _____

Licensed Prescriber Medication Order: (This section must be filled out by your child’s physician)

Patient’s Name: First Name: _____ **Last Name:** _____

Name of Medication: _____ **Dosage:** _____ **Time Admin:** _____

Directions: _____

Reason for medicine: _____

Possible side effects: _____

Other Medications this patient is currently taking: _____

Licensed Prescriber Name (printed): _____

Licensed Prescriber Signature: _____ **Date:** _____

Medications | Prescription & Non-Prescription Medications

All prescription and non-prescription medications, including over-the-counter medications, that need to be stored and/or administered at camp **REQUIRES** a signed Medication Form, indicating permission and instructions for treatment and submitted to our office before the medication can be administered by our staff. Our camp staff will NOT administer medication for the first time, except personal injectors if needed, or if a medication is expired. Expired medications will require replacement and an updated medication form and emergency medical action plan from the camper's physician.

Prescription medications must include:

- Parent/Guardian and Physician Signatures
- All original containers and pharmacy labels
- A valid expiration date
- Both Epinephrine injector pens in the package
- Emergency Medical Action Plan for any emergency-need medications such as epinephrine injector, inhaler, etc

Non-prescription and Over-the-Counter medications must include:

- Parent/Guardian Signature
- New, unopened containers and packaging with manufacturers label indicating contents and dosing information
 - If the manufacturers label on a non-prescription and over-the-counter medication requires physician consultation for dosing, a camper’s primary physician’s signature is required on the medication form for administration
- A valid expiration date

Emergency Medications | EpiPens, Inhalers, Allergy Medicines

Camper's with allergies, asthma, or any medical condition that requires medication to be administered and/or stored for *emergency use* must have:

- Medication Form with a parent/guardian and physician signatures.
- Emergency Medical Action Plan from the camper's physician.
- All original containers and pharmacy labels.
- Both Epinephrine injector pens in the package if applicable.
- A valid expiration date.
- Medications include but are not limited to epinephrine injectors, inhalers, Benadryl for allergy, etc.