

# Permission For Medication Administration

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

All medications are kept in the Health Center and are not to be stored with individual campers or counselors in cabins. This policy applies to both prescription and non-prescription items.

**ALL** medications must be sent to camp through KIDS MEDPACKS (prescription or OTC). The only exceptions are growth hormones, epipens and insulin. Please complete this form, making sure to check the box for all the medications sent through KIDS MEDPACKS. This is our way of double checking with KIDS MEDPACKS, prior to the start of camp, that they have received your registration and we know to expect your daughter's medications from them.

**\*\*\* PARTICIPATION IN KIDS MEDPACKS FOR ALL MEDICATION IS MANDATORY. VITAMINS, CREAMS & LOTIONS SHOULD ALSO BE SENT THROUGH KIDS MEDPACKS \*\*\***

Medication #1: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time To Be Given (be specific): \_\_\_\_\_

Date To Be Given: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

#1 Sent through KIDS MEDPACKS <input type="checkbox"/> yes <input type="checkbox"/> no
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Medication #2: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time To Be Given (be specific): \_\_\_\_\_

Date To Be Given: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

#2 Sent through KIDS MEDPACKS <input type="checkbox"/> yes <input type="checkbox"/> no
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Medication #3: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time To Be Given (be specific): \_\_\_\_\_

Date To Be Given: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

#3 Sent through KIDS MEDPACKS <input type="checkbox"/> yes <input type="checkbox"/> no
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Medication #4: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time To Be Given (be specific): \_\_\_\_\_

Date To Be Given: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

#4 Sent through KIDS MEDPACKS <input type="checkbox"/> yes <input type="checkbox"/> no
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_