

## Medical Release Form for Campers

**No child is allowed to take his/her own medication!  
(In an emergency the nurse must know what the child has taken)**

**No prescription medication will be administered without the parent's written authorization and a physician statement.**

**The prescription, properly labeled by a pharmacist, must be delivered to camp staff.**

**If the camper is to take an over the counter medication, it must be properly labeled with the child's name and written instructions on it.**

**The authorization page must be filled out.**

**All medications kept at camp will be stored in a secure area accessible only to authorized administering personnel.**

**Because of the possibility of reaction, new medications should not be started at camp**

**Child's Name**

**Date of Birth**

\_\_\_\_\_

\_\_\_\_\_

**Physician Name**

**Physician Phone**

\_\_\_\_\_

\_\_\_\_\_

**Insurance Name**

**Policy Holder's Name**

\_\_\_\_\_

\_\_\_\_\_

**Policy Number**

**Group Number**

\_\_\_\_\_

\_\_\_\_\_

**Does your child have: A medical alert condition \_\_\_\_\_  
Food, Insect or other allergies \_\_\_\_\_ A need for daily medication \_\_\_\_\_**

**If in the judgment of a doctor or registered nurse it would be helpful to you child to take any of these medications, do we have permission to dispense? \_\_\_\_\_ Please circle each item permitted:**

**Aspirin Antihistamine Antidiarrheal Throat Lozenges Aspirin substitute Cough Medicine  
Decongestant Other \_\_\_\_\_**

**Please mail this completed form to  
MRCC  
PO Box 91  
McDowell, VA24458**