

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, must be properly labeled by a pharmacist and delivered to camp staff upon checking into camp.

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 _____

Emergency contact names/number(s): _____

Physician Name _____ Physician Phone _____

Insurance Name _____ Policy Holder's Name _____

Policy Number _____ Group Number _____

***** A photocopy of the insurance card must accompany this form.**

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 your 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