**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 (see below).**

**The prescription must be properly labeled by a pharmacist, in original packaging from pharmacy and delivered to camp staff upon checking into camp.**

**If the camper routinely takes an over-the-counter medication, it must be sent with the camper and be in its original package**, **properly labeled with the child's name and written instructions on it.**

**The authorization page must be filled out, signed/dated, and sent to camp with camper. A photocopy of the insurance card must accompany this form.**

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

**New medications should NOT be started at camp because of the possibility of reaction.**

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have:**

**A medical condition? (Diagnosis here) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Food, Insect or other allergies)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Campers with severe allergies should speak with their medical doctor about obtaining an auto-injectable device that delivers the drug epinephrine. For severe reactions due to the camp’s remote location)**

**Is there a need for daily medication? List\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**If in the judgment of a registered nurse/medical personnel it would be helpful to your child to take any of the following medications, do we have permission to dispense (Please circle each item permitted):**

**Antihistamine Antidiarrheal Throat Lozenges Aspirin substitute/NSAID/Acetaminophen**

**Cough Medicine Decongestant Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Camp personnel has permission to administer the above noted medications as prescribed or needed.**

**Parent/Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_**

**Please bring this form to check-in at camp.**