

Summer Camp Medication Form

Deerfield Township Parks and Recreation Department



Part 1: Deerfield Township Medication Policies

Only medications that are prescribed by a physician or necessary to treat a disability are allowed at camp. In order to bring an Epi-pen, inhaler, or other medication to camp, **a parent/guardian must submit a completed Summer Camp Medication Form at least 10 business days prior to the first day of camp.** Each medication requires a separate form.

Approved medications must:

- Be in the original prescription container
- Be clearly marked with the child's name
- Have a current date (not expired)
- Be brought to camp staff upon arrival on the first day of camp
- Be signed in/out by an authorized adult each day (if the child is not authorized as self-carry)

Camp staff are not medical professionals and are not authorized to administer medication. (Camp staff are First Aid/CPR Certified.)

- Children are required to self-administer medications, whenever possible.
- Camp staff are trained in administering epi-pens and may assist with administration in an emergency.
- If a child is not authorized as self-carry, camp staff may hold the medication until the child asks for it.
- Camp Staff are not authorized to remind children of medication times.

Part 2: To be completed by Health Care Provider

Child's Name: _____ Date of Birth: _____

Diagnosis: _____

Symptoms: _____

Medication Name: _____

Dose: _____ Route: _____

Special Instructions for Storage/Refrigeration: _____

Time/Frequency of Administration: _____

Instructions for Administration: _____

Relevant side effects: _____

Medication shall be administered from: _____ to _____.

Month/Day/Year

Month/Day/Year

Please be advised that camp staff are not trained medical professionals. They will be relying upon the child to recognize the development of symptoms and to self-administer most medications (see Part 1 above). In your opinion, does the child know the following?

Nature of his/her condition	YES	NO
How to self-administer required medication	YES	NO
When to self-administer required medication	YES	NO

Do you recommend that the child be allowed to self-carry the prescribed medication? YES NO

Prescriber Name/Title: _____ Phone: _____

Address: _____

Original Signature of Health Care Provider: _____ Date: _____

Part 3: To be completed by Parent/Legal Guardian

Parent/Legal Guardian Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone Number: _____ Cell Phone Number: _____

Medications must be in the original prescription container with the child’s name clearly marked and the medication date must be current.

Approved medications must be signed in/out from camp each day. If a child is authorized as self-carry by both the physician and parent, then the medication must be checked by camp staff on the first day of camp and will not need to be checked in/out each day.

Please initial all that apply. Children will only be allowed to self-carry medication if both the physician and parent give authorization.

_____ I authorize my child to self-carry the prescribed medication indicated in Part 2 of this form.

OR

_____ I request that staff hold the medication until my child asks for it.

_____ I authorize the following adults to sign in/out my child’s medication from camp. (Please include first and last name.)

- 1. _____
- 2. _____
- 3. _____

Part 4: Medical Release and Authorization (To be completed by Parent/Legal Guardian)

Medication must be in the original container with the original label attached and labeled with the camper’s name. Parent/guardian, physician, or dentist shall provide written instructions to Deerfield Township staff concerning administration of medication. Written instructions will be valid for 6 months unless a shorter period is designated by the parent/guardian, physician, or dentist.

The parent/guardian is responsible for submitting a new form each time there is a change in medication, dosage, or time the medication is to be administered. Deerfield Township is not responsible for any unauthorized medication taken independently by the child. The first dose of a medication should be taken at home whenever possible.

Waiver and Release:

I understand that I am required to cooperate with Deerfield Township with regard to the administration of my child’s medication. I understand that some medications cannot be administered by Deerfield Township, and if my child requires such a medication, it is my responsibility to make arrangements for my child’s medication.

I hereby acknowledge that Deerfield Township personnel are not trained medical professionals and cannot guarantee nor be responsible for a satisfactory outcome of the administering of medication. In consideration of permitting my/our child to participate in recreation programs sponsored by Deerfield Township, including summer camp (the Programs), I hereby for myself, my child, and our executors, administrators and assignees, assume all risks and hold Deerfield Township, its agents, members of the board of trustees, employees, representatives, all sponsors, affiliates, parties permitting use of property for the Programs, coordinating groups, volunteers, and any individuals associated with the Programs harmless from any and all liability, causes of action, debts, claims, damages, or demands of any nature whatsoever which may arise in connection with my participation in activities related to the Programs.

Parent and/or Guardian authorize Deerfield Township and its staff to administer medication as described in Part 2 of this form. This waiver and release expressly includes any claims arising from or relating to the administration of medication by Deerfield Township personnel.

Release authorized on the dates and/or duration of the registered season.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Parent/Guardian Signature: _____ Date: _____

Name of Child: _____