St. John Neumann Camp Mustang
Medication Form

If your child needs to take any medication while at camp, please follow these steps:

1. Completely fill out a "Camp Medication" form. Write down when the medication is to be given and in what dosage. We strongly recommend sending only enough medication for one week.
2. Send medication to camp in the original prescription bottle with the child's name and doctor's name. By law we may not administer any prescription medication unless it comes from the correct bottle with the child's name on it.
3. Only one form for each medication is to be used. Medication must be brought to camp by a responsible adult. Please do not send medication by children.
4. All medication (even aspirin and over-the-counter products) must be checked in at the camp office. No children are allowed to keep medication with them at camp. Please see someone in the office for special circumstances involving asthma inhalers or severe allergies to bee stings or certain foods.
5. Any unused medications will be destroyed at the end of the summer if not retrieved by the parent/guardian.

I hereby give consent for my child to be assisted in taking the medication described below at school. I also authorize, as needed, the sharing of information related to my child's health between Camp Mustang and a healthcare provider in case of emergency. I will comply with the policy listed on the back of this form related to dispensing medication at camp.

Parent Signature____Date_______________

Camp Mustang: <u>MEDICAL FORM FOR ADMINISTRATION OF MEDICATION</u>

<u>TO BE COMPLETED BY HEALTH CARE PROVIDER ONLY:</u>

Diagnosis for which medication is given ________________________________

Name of medication____

Dosage ____

Special Handling Instructions:

- ❏ Refrigeration
- ❏ keep out of sunlight

If medication is to be be given daily, at what time? ______________A.M.

_____________ P.M.

Dates must be administered at school:

- ❏ Every day at camp
- ❏ Emergency only
- ❏ Short term

<u>Episodic/Emergency events only Short term (list dates to be given)</u>

____

If medication is to be given "when needed", describe symptoms student will exhibit.

____

How soon can it be repeated_________________________________

Possible side effects and procedure to follow

____

Health Care Provider Name (Print)_____________________________

Health Care Provider Signature_________________________________

Date________________________________

Address____Zip___________

Phone__________________________________