

Participant's Name: _____

School/Organization: _____

MEDICATION FORM:

This form is to be completed by **ONLY** those individuals who are bringing medications to camp.

In order to serve all children efficiently & to the best of our ability, please **DO NOT SEND**:

1. Daily multivitamins
2. Essential oils (Dr.'s note is required)
3. Over-the-counter generic pain reliever (this is already available onsite)
4. Peditasure or similar dietary supplements (unless this is needed for dietary reported restrictions)
5. Allergy medication for students who rarely have seasonal allergies (this excludes those who need it daily or for severe allergies)
6. Medication for motion sickness (especially if your child does NOT have a known history of this)

Sending superfluous/unnecessary medications slows down our patient care process. So please keep in mind that you will see your child Tuesday before departure and on Friday upon return; if your child can go two days without the above items, **DO NOT SEND** them.

STEP 1: Place the MEDICATION in a clear Ziploc bag.

STEP 2: Give the bag to your child's teacher or school Health Professional.

STUDENT INFORMATION		DOCTOR'S INFORMATION	
Name:		Name:	
School Name:		Phone:	
Date of Camp:		Doctor's Stamp or Address:	
Parent/Guardian Name:			
Relationship to Student:			
Phone Number:			

According to Education Code 49423 a signed order from your child's doctor and the parent/guardian is **REQUIRED** if:

- a) The prescription on the bottle/box/tube is in a language other than English.
- b) The prescription on the bottle/box/tube is does not match the dosage that parents would like administered.
- c) The medication will not be used for its prescribed purpose. **Please DO NOT send this type of medication.**
- d) The medication is not intended for use based on the age of your student. **Please DO NOT send this type of medication.**

No doctor's note is needed if the medication is over-the-counter AND intended for children, however, please **DO NOT** send "as needed over-the-counter medication". Camp has pain relievers, allergy medication, and cold medication in stock. Furthermore, unlabeled medication **CANNOT** be administered and loose medication (without packaging) **WILL NOT** be administered.

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Education Code 49480 gives the camp and the school's Health Professional with parent consent, permission to communicate with the physician and counsel with CODES & MHP personnel regarding possible effects of medication.

Please sign below, your signature gives permission to MHP's Medical Monitor, Director, responding staff, and/or your child's teacher to assist in carrying out the medical instructions indicated on this form or providing medical care. Your signature also indicates your consent as required in the above Education Code Sections 49423 and 49480.

Parent/Guardian Signature: _____

Date: _____

MEDICATION INFORMATION									
(We request that only ESSENTIAL medicine be sent to camp)									
MEDICATION	DOSAGE	SCHEDULE (Indicate when to give the medication)					REASON FOR MEDICATION	SELECT A CATEGORY FOR EACH MEDICATION	
		Before Breakfast	Before Lunch	Before Dinner	Before Bedtime	As Needed		Over-the-Counter Medication (Must be age-appropriate).	Rx Prescription Medication
All medication including over-the-counter medications & vitamins must be in the original package/box/bottle and NOT EXPIRED.							Provide any needed background info about the medication.		
<i>Example:</i> Amoxicillin 500mg	1 pill 3x/day (oral)	X		X	X		Antibiotic, after dental surgery. He may complain of pain, please give OTC pain reliever as needed.		X

My child has my permission to take the listed medications to camp and for camp first aid personnel, the Director or my student's teachers to assist and/or allow my child to take/apply these medications in addition to those below in the case of illness:

- a) Pain relievers for minor illness complaints.
- b) Calamine lotion, or equivalent, for plant-related rash reactions.
- c) Allergy medications, basic first aid, and other care based on the level of training of camp staff may also be administered.

Camp personnel will give care in accordance to their training and may not call parents before treating for minor ailments. Such instances include but are not limited to: headaches, cold symptoms, menstrual cramps, minor cuts, minor bruising, homesickness, use of "as needed" medications, etc. Those campers that have prescribed medication to take while at the camp must abide by Education Codes 49423 and 49480 which state that school personnel must be given

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instruction as to method, amount, frequency, and condition for which it is indicated. Medication must be turned in to school personnel prior to arrival.

Parent/Guardian Signature: _____

Date: _____

Parent Check List for Medications:

- All medications are appropriate for my child's age or have a doctor's note.
- All medications are clearly marked with my child's name.
- All medications are in their original packaging with dosage listed.
- All **medications** are in **English** and legible.
- All **medical forms** are in **English** and legible.
- All medical concerns have been communicated with school personnel.
- All medications are needed daily or in emergency situations.
- All of my child's medications are in a plastic bag (Ziploc) with my child's name on it.