



# BENCHMARK CAMP

## Medication Administration

All medication will be administered by our Summer Camp Nurse. If your child will be receiving medication of any kind during the Summer Camp (at home or at Benchmark School), please follow these steps:

1. This form should be completed, signed by you and the physician, (if medication will be administered at Benchmark) and returned to Benchmark.
2. Drop off all medication at Benchmark School IN THE ORIGINAL CONTAINER, at least one week prior to the first day of the Summer Camp.
3. Pick up all remaining medication at the end of the Summer Camp.
4. If your child needs to carry medication on his/her person, such as an inhaler, please call the nurse and she will send you an additional form to be completed.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical condition for which medication is to be given: \_\_\_\_\_

Name of Medication(s): \_\_\_\_\_

Dosage and Method of Administration:

Medication Administration at Home — Dosage/Time:  
*(Please list medications below)*

Medication Administration by Benchmark nurse/staff — Dosage/Time:  
*(Requires Physician's Signature; See below)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Possible reactions that need to be reported to the physician:

\_\_\_\_\_

Disposition of child following administration of medication (e.g., rest, home, hospital, doctor's office, return to class or activity):

\_\_\_\_\_

### PHYSICIAN'S REQUEST FOR MEDICATION ADMINISTRATION

**THE ABOVE MEDICATION CANNOT BE SCHEDULED FOR OTHER THAN DURING SCHOOL HOURS AND SUCH MEDICATION MAY BE ADMINISTERED BY MEDICALLY UNTRAINED SCHOOL PERSONNEL WHENEVER NECESSARY.**

Physician's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ *(Required ONLY if medication will be administered at Benchmark School)*

Date of Request: \_\_\_\_\_ Physician's Telephone: \_\_\_\_\_

Medication to be continued as above until: (Date) \_\_\_\_\_