

**BEREA CITY SCHOOL DISTRICT**  
**REQUEST MEDICATION/TREATMENT GIVEN AT Camp Mi-Bro-Be**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_ Teacher \_\_\_\_\_

- No known medication allergies. Allergies \_\_\_\_\_

Give daily	Give as needed	Treatment/ Medication as written on bottle or package	Dosage in ml,mg,cc	Time (time, meal or bed)	Route of delivery	Reason medication is given	Start & End Dates actual dates	
	x	Motrin 100mg/5ml	400 mg= 20 ml	Every 4 hours as needed	By mouth	Headache, pain or fever >100	8/28/18	6/6/19
x		Sertraline 50mg	75mg=1.5 tabs	Lunch time	By mouth	ADHD	8/28/18	6/6/19

Special Instructions: \_\_\_\_\_

**If inhaler:** (please check one of the following options)

- Allow student to carry/administer own inhaler (recommended 4<sup>th</sup> through 12<sup>th</sup> in capable)
- Do Not allow student to carry own inhaler, is to be administered and kept in clinic.

**If allergy kit** (please check one of the following options, 911 will be called if Epi-Pen is administered)

- Allow student to carry/administer own Epi-Pen.
- Do not allow student to carry own Epi-Pen is to be administered and kept in clinic.

Adverse reaction to be reported to physician: \_\_\_\_\_

I, the undersigned, am the physician for the above named student and request they receive medication during school hours or extended care hours as ordered above. The parent/guardian is responsible to notify the clinic or extended care if the medication, dose, route or time to be given are changed or the medication is discontinued.

Physician's Signature: \_\_\_\_\_

Physician office number \_\_\_\_\_ Fax number \_\_\_\_\_

Date: \_\_\_\_\_

I, the undersigned, am the parent of guardian of the above, named student, and I hereby request he/she received medication during school hours or extended care hours as ordered by his/her physician. **For the safety of my child and all other children I have read and agree to follow the requirements listed on the back of this form.** I understand that the school district and any of its personnel are absolved from any civil liability, which might be associated with the medication assistance.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Telephone Number : \_\_\_\_\_

## Berea City School District Medication Assistance Policy for Camp Mi-Bro-Be

Dear Parent/Guardian,

*To promote safety and allow students to obtain medication during camp the following is required for all prescription and non-prescription medication. (This includes over-the-counter medication such as allergy/cold medication, Tylenol, Cough drops, lotions/ointments,...)*

1. The Medication Assistance Form must be completed & signed by physician and parent/guardian. A separate form is required for *each and every* medication your child will need while at camp.
2. Plan ahead--faxed orders will only be accepted for emergency changes (ie., new antibiotic...).
3. All medication must be brought in by an adult the **WEDNESDAY** PRIOR TO LEAVING FOR CAMP.

*Make sure that the medicine you bring in is what was ordered by your physician and not expired. For example, in the past we have several physicians order "Junior Strength Tylenol" and parents brought in "Extra Strength Tylenol". The doses are not the same—We must verify that all orders and doses match.*

4. When bringing medication for camp we appreciate your placing the following in a "Ziploc" bag:
  - Medication Request Form
  - Medication—in original container labeled with student name, medication name, dose
  - Photo of your child if your child is nonverbal
5. If your child needs an aerosol medication you will need to supply the aerosol machine/tube/mask.
6. All medications (prescription & non-prescription) must be stored by camp clinic staff except:
  - Inhalers--To allow students to carry their own inhaler an additional form is required
  - Allergy Kits ordered for students will be available for self-administration in the clinic, or with designated school staff if student is away from the clinic building at camp.
7. Upon returning from camp all "Camp Medication" must be picked up by the parent/guardian. The medication will be available from the clinic or teacher in charge. If medication is not picked up by the end of the return day it will be discarded.
8. Please send the clinic a note if you have any special requests regarding notification if your child becomes ill/injured while at camp. Be sure to include all phone numbers we need to contact you.

Thank you for helping us provide a safe & healthy camp environment,  
BCSD School Health Specialists  
BCSD Camp Administrators