2023 Camp Tockwogh Medication Administration Form

24370 Still Pond Neck Road Worton, MD 21678 (p) 410-348-6000 (f) 410-348-6023

INSTRUCTIONS TO COMPLETE THIS FORM

- This form must be complete & legible. Please list one medicine per line, and use this same form for additional pages
- This form must be signed by the physician and parent/guardian for any/all medications and vitamins listed on this form
- Medicine must be in the original container with complete pharmacy/package label which matches this order exactly (this includes topical solutions, birth control, inhalers, EpiPens)
- Medicine must be unexpired and checked into our wellness staff by a responsible adult
- Physician authorized "self-carry" or "self-administer" must be checked in by the parent AND the camper
- Camper must have taken the medication at this dosage prior to attending camp

CAMPER NAME:_____ **DOB:**_____ **WEIGHT:**_____

ALLERGIES: _____

DIAGNOSES: _____

****THIS ENTIRE SECTION NEEDS TO BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID****

PHYSICIAN AUTHORIZATION FOR THE ABOVE MEDICATIONS FOR THE DURATION OF THE 2023 CAMP SEASON

PHYSICIAN SIGNATURE	TITLE	DATE
_____	_____	_____

PARENTAL CONSENT: I request certified youth camp staff to administer the medications as prescribed. I confirm that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA. I understand that an adult must pick up the medication or it will be discarded. I verify that the child has at some point taken the medication at this dosage prior to attending camp. And that I have read, verify, and consent to all of the above.

PARENT/GUARDIAN SIGNATURE	PARENT/GUARDIAN EMAIL ADDRESS
_____	_____

TO BE GIVEN ROUTINELY: PRESCRIPTION/OVER THE COUNTER MEDICATION

MEDICATION dose strength quantity route frequency time indication special instructions/known camper specific side effects

1. _____
2. _____
3. _____

TO BE GIVEN AS NEEDED (PRN): PRESCRIPTIONS/OVER THE COUNTER MEDICATION- camp provides routine over the counter for pain, rash, GI, allergy- see parent health form for description

MEDICATION dose strength quantity route frequency time indication special instructions/known camper specific side effects

1. _____
2. _____
3. _____

SELF-CARRY (SC) EMERGENCY MEDICATIONS: THIS INCLUDES EPINEPHRINE, INHALER, OR INSULIN ONLY

Parent & physician signature on this documents attests that it is prescribed that this camper self-carries this Emergency Rescue Medication and that they routinely carry it and are thoroughly trained regarding storage, symptoms, and technique of use administration; That the camper understands that the medication must be on their person at all time (NO MEDICATIONS MAY BE LEFT IN THE CABIN) and agrees to notify wellness staff of any use

SELF-ADMINISTER (SA):

In the rare specific cases, campers may self-administer other medications. Parent and physician signature certify that the camper routinely self-administers and is trained as above. Unless also an emergency rescue self-carry medication, all self-administers medications will be kept in wellness and given under the supervision of a designated staff member

MEDICATION dose strength quantity route frequency time indication special instructions/known camper specific side effects

1. _____
2. _____
3. _____