



Permission to Administer Medication at School

2010 Summer Camp

(Please Print)

Important Information:

- 1. Medication is to be brought to camp in a pharmaceutical container, or, for Over The Counter (OTC) medications, the original container, clearly marked with the camper's name, the medication name, and pertinent information.
2. In the event of any change in prescription or dosage, new permission forms must be submitted to the Camp Office.
3. Medication and permission forms will be kept in the Camp Office. Medication will be kept in a locked drawer in the Camp Office.
4. Any medication, including OTC medication such as Tylenol, must have a Physician's signature. Throat lozenges do not need a physician's signature.
5. Campers will be given the container and will need to self medicate. In extreme situations where a student appears to be incapable of administering the medication independently, Buckley staff may assist a student in the administration of medication.
6. The date, time and name of the medication will be recorded.
7. Upon request, parents will be notified whenever a PRN (as needed) medication is given to the camper.
8. Medication not picked up at the end of the camp season will be disposed of.
9. A new Permission to Administer Medication form must be completed each camp season.

The Director or his designee of Buckley Country Day Camp is herewith granted permission to oversee the administration of the below mentioned medication in the Buckley Camp office as required. The responsibility for the proper administration of the medication is still mine as parent and I do not, or will not, hold the camp or any staff member thereof responsible for any complication which might arise from the medication.

Parent/Guardian Signature _____ Date _____

Camper Name _____ Birth Date _____

Medication _____ Dose _____

Time given _____ AM _____ PM _____ PRN (as needed) every _____ hours

Possible side effects _____

Special Instructions _____

Medication _____ Dose _____

Time given _____ AM _____ PM _____ PRN (as needed) every _____ hours

Possible side effects _____

Special Instructions _____

Physician's Signature _____ Phone Number _____ Date _____

THIS FORM MUST BE RETURNED TO THE BUCKLEY CAMP OFFICE BEFORE ANY MEDICATION WILL BE ADMINISTERED.