

For Office use only!

Counselor: _____

Head Counselor: _____

CAMP SONSHINE PHYSICIAN/PARENT DRUG AUTHORIZATION FORM

- Please understand that **by law** we cannot administer any medication to your child unless we have this form completed and on file in the Camp Sonshine office.
- All over-the-counter medications must be in their original unopened containers.
- All prescription medications must be in the original container from the pharmacy with the current prescription label on the container. Your pharmacy will provide you with an empty bottle if you need one.
- Pre-K through 4th grade should carry all emergency medication in a hip pack, which is worn at all times.
- 5th grade through 10th grade should carry emergency medication in a backpack with them.
- All individuals dropping off medication will be required to show the office staff a picture ID.
- This form must be turned in by the Thursday before your child's first session.

Sessions Attending

Spring Break 1st 2nd 3rd 4th 9th Inning

Please use one form per medication. Please copy this page for additional medications.

MEDICATION # 1

PART ONE: To be completed by the parent.

I hereby give my permission for the first aid nurse or other camp personnel to administer medication during the camp's hours to my child named below. Please be advised that your child must have taken the first dose of a new medication at home before we can administer the medication at camp. By signing below, you state that you understand and have complied with this procedure. I hereby state that I have administered _____ (medication) to my child and have witnessed no ill effects. Exceptions for this can only be allowed for emergency medication (e.g. epipens).

Parent's Signature _____

Date _____

Daytime Phone Number _____

If this is an emergency medication:

By initialing this paragraph, I give permission to Camp Sonshine to allow my child to self administer this emergency medication. I have trained and/or seen my child successfully self-administer this emergency medication in the past. _____ (initial here)

Camper's Name: _____

Camper's DOB: ____/____/____ (mm/dd/yyyy)

Camper's Grade: _____

PART TWO: To be completed by the physician.

Reason for medication _____

Emergency Medication Daily Medication Other

Name of medication _____

Dose _____

Time of administration at camp: 10:00 – 11:00 AM 12:00 – 1:00 PM 1:00 – 2:00 PM Overnighter/Latestay

Effective Dates From _____ To _____

Special instructions _____

Can a reaction be expected? Yes No

If so, please explain _____

Physician's Signature _____ Date _____

Physician's phone number _____

Drug Authorization Form

Office Use Only

Date received _____ Time received _____ Received by: _____ #: _____

MEDICATION WAIVERS

In order to help camp run smoothly, it is extremely important to drop off medication by the Thursday before the session.

STAFF CARRYING MEDICATION WAIVER AND RELEASE FORM

(to be signed if parent elects to have a staff member carry emergency medication for child)

By signing this waiver I understand and agree to the following:

1. Requesting the counselor to carry my child's medication is an exception to the normal procedures in effect at Camp Sonshine.
2. As stated in the Parent Guide (p10), Camp Sonshine prefers campers carrying their own emergency medication on them in the following way:
Pre-K through 4th grade should carry all emergency medication in a hip pack, which is worn at all times.
5th grade through 10th grade should carry emergency medication in a backpack, with them.
3. The above mentioned guidelines have been set in place by Camp Sonshine to ensure campers have their medication readily available throughout the camp day.
4. I understand that my request does not guarantee that my child's counselor and / or any other party representing Camp Sonshine will have my child's medication readily available in case of an emergency.
5. I hereby release the counselor and all other parties representing Camp Sonshine of any liability as a direct result of not having the medication readily available when needed.

Parent's signature

Parent Name (Please print)

Camper's Name (Please print)

Camper's Grade Date

LATE MEDICATION WAIVER

(to be signed if medication is brought in after deadline)

By signing this waiver I understand that I have brought in my child's medication after the date requested on page 10 of the Parent Guide. I understand that the Camp Sonshine staff will do their best to ensure that the medicine becomes readily available to my child but also release the Camp Sonshine staff from any responsibility due to the medication not being at camp by the requested date of the Thursday prior to each session enrolled.

Parent's signature

Parent Name (Please print)

Camper's Name (Please print)

Camper's Grade Date