

Please photocopy this form if you require one copy for a camp site and another for an extended care site.

2010 Summer Camp Medication Order Form

➤ If your child will be taking medication (prescription and/or non-prescription) that needs to be administered during the camp day or extended care, a completed "Medication Order Form" must be given **to each camp, and extended care location** on the first day. Medication must be picked up on the last day of each session, even if your child will be attending the next session at the same site location. All medication, including over-the-counter medication, must be in the original container and must contain a prescription label. Medication will only be administered in accordance with the instructions on the label. If medication is to be administered during **Extended Care**, you must provide the staff with a separate container for medication as well as a separate Medication Order Form. Medication will not be transported between Extended Care and Camp sites. **DO NOT SEND THIS FORM TO THE CAMP OFFICE.**

Columbia Association Camp Staff that is trained in medication administration will administer medication to your child as indicated below.

Camper's Name _____

Camp Attending _____

Name of Medication _____ Dosage _____

Time to be administered _____ Start Date _____ End Date _____

Reason for medication _____

Possible side effects _____

Signature of Physician _____ Date _____

Physician's Name (please print) _____

I hereby give my permission for my child to receive medication at camp as prescribed by my child's physician.

Signature of Parent/Guardian _____ Date _____

For safety reasons, CA discourages campers from self-administering medication. However, if ordered by the physician the following part of this form must be completed:

I as the physician request that _____ (Camper) carry his/her own medication, self administer the medication and self-monitor the medical condition.

I as the _____ (Parent/Guardian) give my permission for my child to carry his/her own medication, self-administer the medication and self-monitor the medical condition.

Signature of Physician _____ Date _____

Signature of Parent _____ Date _____

CAMP USE: Medication was taken (initialed by staff) A=Camper is Absent

June/July	21	22	23	24	25	28	29	30	1	2	5	6	7	8	9
July	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30
August	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20
	23	24	25	26	27										