



# Administration of Medications 2024

Dear Parent/Guardian,

We need you and your child's doctor to complete this form to help us safely administer medicines (both prescribed and "over the counter") and supplements to minors (campers and a few counselors) at camp. Camp Neveda prohibits campers and staff from having medication in their possession and from administering their own medication. If the nurse is to administer the medication, parental permission and a written statement from the physician prescribing the medication is required. This applies to all prescription and non-prescription medications or necessary "dietary supplements."

Please do not use this form for the following medications as we keep them in stock and have a standing order from our Medical Director to administer them as needed: insulin, acetaminophen (Tylenol), ibuprofen (Motrin, Advil), calcium carbonate (Tums), diphenhydramine (Benadryl), glucagon, cough drops, throat spray, epinephrine (Epi-pen) and Maalox/ Mylanta.

**Please use a separate sheet for each medicine/supplement.**

## Parent/Guardian Request for Administration of Medicine/Supplement at Camp

I request that my child \_\_\_\_\_

Receive \_\_\_\_\_ while at camp.

(Specify: medicine, by mouth or other, dose and time(s) of day)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

*Please bring medication to camp in its original pharmacy container labeled with child's name, drug name, dosage, time(s) to be given and prescribing provider's name. Thank you for your cooperation in this matter!*

## Provider Request for Administration of Medicine/Supplement at Camp

Name of Patient \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of Drug/Supplement \_\_\_\_\_

Dose: \_\_\_\_\_ Time(s) of Administration \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Provider Address: \_\_\_\_\_ Phone # \_\_\_\_\_