CAMPER NAME: _____ CAMP WEEK: _____

MEDICATION FORM

Prescriptions and Other Scheduled Meds – All medications must be in the original containers marked with the camper's full name and current instructions.

Drug Name	Purpose	Dosage (How Much?)	Administration Schedule	Comments
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bed	
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bed	
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bed	
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bed	

Non-Prescription Medications -- In the unlikely event that your child becomes sick, it is helpful for our camp health providers/staff to have explicit permission to administer non-prescription medication. Please check any cough, headache, allergy or antacid that your child MAY receive.

☐ Motrin (or generic) ☐ Tylenol (or generic) ☐ Aleve (or generic)

☐ Robitussin (or generic) ☐ Benadryl (or generic) ☐ Antacid

Please check the appropriate box, sign and date.

☐ I do give permission to the camp health providers/staff to administer any and all medications as outlined above.

☐ I do NOT give permission to administer any unscheduled, non-prescription medications without first contacting me.

Parent Signature: _____ Date:_____

Telephone: _____ Cell Phone: _____

Permission to Treat

Camper: _____

I hereby give permission to Camp Gottalikachallenge to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization.

I also give permission for the camp to arrange necessary transportation.

I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996.

I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent or guardian: _____

Printed Name: _____ Date: _____

IMPORTANT: Attach a photocopy of the front & back of your camper's HEALTH INSURANCE CARD to this form. Thx!