

Permission to Administer Medication (Prescription and Over-the-Counter)

Name: _____ Date of Birth: _____

The camp Nurse Practitioner may administer certain over-the-counter (OTC) medications during the camp day if need arises, with prior written parental consent. Please indicate the medications you would like your child to be able to receive, if necessary, and sign. A parent will be notified if medication is administered. Please also indicate below if you would like our staff to assist your child in the application of sunscreen as needed (sunscreen must be supplied by parents).

- | | |
|--|--|
| <input type="checkbox"/> Acetaminophen (Tylenol)
<input type="checkbox"/> Ibuprofen (Advil/Motrin)
<input type="checkbox"/> Diphenhydramine (Benadryl) | <input type="checkbox"/> Antibiotic ointment (Bacitracin)
<input type="checkbox"/> Topical Cortisone (Hydrocortisone 1%)
<input type="checkbox"/> Sunscreen |
|--|--|

Only the medications noted above will be available. If you would like any other OTC medication to be administered to your child, the medication must be provided in its original container, accompanied by the completed form below. Campers are not permitted to keep medication in their possession without documentation of a life-threatening condition (such as asthma or anaphylaxis).

Parent/Guardian Signature _____ Date _____

To Be Completed by Healthcare Provider

Include all Rx and OTC medications not listed above that child may need to take during the camp day. Camper must be designated as self-directed in order to take medication on field trips without nurse.

Diagnoses: _____

Medication	Dose	Route	Time	Please check boxes
				<input type="checkbox"/> Self- Directed <input type="checkbox"/> Self-Admin/Self-Carry
				<input type="checkbox"/> Self- Directed <input type="checkbox"/> Self-Admin/Self-Carry
				<input type="checkbox"/> Self- Directed <input type="checkbox"/> Self-Admin/Self-Carry

Name and Title of Licensed Prescriber (Please Print) _____

Prescriber's Signature _____ Date _____ Phone: _____

To Be Completed by Parent/Guardian

I give permission for the above medication to be administered to my child as ordered by my health care provider. I will furnish the medication in the original pharmacy container, properly labeled with directions and dosage, or original over-the-counter medication container/packaging with my child's name on it.

Parent/Guardian Signature _____ Date _____ Phone _____

Release

I acknowledge and agree that my child must comply with all LREI rules regarding medication administration and self-administration. I, on behalf of myself, my children, spouse, heirs, agents, executors, administrators, and assigns, release and forever discharge LREI, its agents, trustees, officers and employees, for any and all demands, claims, damages, actions and causes of action, pertaining to or arising out of my child taking or being provided with medication while traveling on a trip or during any LREI activity or program. I understand that as a result of my executing this release of claims, I and the releasing parties set forth above, will be forever barred from using LREI as a result of LREI administering medication to my child or my child self-administering medication. I agree to hold harmless LREI and the released parties set forth above against any claims arising out of the administration of medication by LREI or self-administration by my child.

Parent/Guardian Signature _____ Date _____ Phone _____

Self-Administer/Self-Carry

Parent permission and provider consent is required for children to self-administer and self-carry medication. Children with this designation are considered independent in taking their medication at school and require no supervision by the nurse. Parents assume responsibility for ensuring that their child is carrying and taking their medication as ordered. I represent that the child is capable and competent to understand a personal care procedure, can correctly administer the medication to him/herself each time it is required, has the ability to make choices about the activity, understands the impact of those choices, and assumes responsibility for the results of those choices. Further, the child has been instructed in the procedure for self-administration and can assume responsibility for self-administering his/her medication properly. LREI may revoke the self-carry/self-administer privilege if the child proves to be irresponsible or incapable.

To request this option, please sign below:

Parent/Guardian Signature _____ Date _____ Phone _____