

Medication Administration Form

Nature Adventures Camp

Name of child _____
Name of medication _____
Please check one: Prescription: _____ Non-Prescription: _____
My child has previously taken this medication: Yes ___ No* ___
*My child has not previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her submitted individual health care plan. By signing below you agree to this statement.
Dosage: _____
Dates(s) medication to be given at camp: _____
Time(s) medication to be given at camp: _____
Reasons for medication: _____
Symptoms to watch for (<i>if medication is to be given as needed</i>): _____ _____
Possible side effects of medication: _____
Directions for storage: _____
Name and phone number of the prescribing health care practitioner: _____ _____
<i>Medication must be in its original container and accompanied by the prescription label.</i>

Does your child need this medication for an **insect/food allergy**? Yes* ___ No ___ *If yes, please fill out the following:

Please indicate your child's allergy:

Insect (*specify*) _____

Food: (*circle*) Peanut Treenut Milk Egg Fish Shellfish Wheat Soy

Other (specify) _____

Would your child have a reaction to skin contact with the allergen? Yes ___ No ___

Please share any other helpful information about your child in regards to his/her allergy: _____

I, _____, (parent or guardian) give permission to authorize Day Camp staff to administer medication to my child as indicated above.	
Parent/Guardian Signature _____	Date _____