

# MEDICATION ORDER FORM

## 2019 CA SUMMER CAMPS

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

If your child will be taking medication (prescription and/or over-the-counter) 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. Please do not send this form to the Camps office.**

**Trained CA Camps staff will administer medication to your child as indicated below.**

Camper 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 name) 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	24	25	26	27	28										
July	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19
July/ August	22	23	24	25	26	29	30	31	1	2	5	6	7	8	9
	12	13	14	15	16	19	20	21	22	23					