

# Summer Camp Medication Form

## LifePoint Church

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Special Instructions for Storage/Refrigeration: \_\_\_\_\_

Time/Frequency of Administration: \_\_\_\_\_

Instructions for Administration: \_\_\_\_\_

\_\_\_\_\_

Relevant side effects: \_\_\_\_\_

Medication shall be administered from: \_\_\_\_\_ to \_\_\_\_\_.

Month/Day/Year

Month/Day/Year

Please be advised that camp staff are not trained medical professionals. They will be relying upon the child to recognize the development of symptoms and to self-administer most medications (see Part 1 above). In your opinion, does the child know the following?

Nature of his/her condition	YES	NO
How to self-administer required medication	YES	NO
When to self-administer required medication	YES	NO

Do you recommend that the child be allowed to self-carry the prescribed medication? YES NO

Prescriber Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Original Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 3: To be completed by Parent/Legal Guardian**

Parent/Legal Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Medications must be in the original prescription container with the child's name clearly marked and the medication date must be current.

Approved medications must be signed in/out from camp each day. If a child is authorized as self-carry by both the physician and parent, then the medication must be checked by camp staff on the first day of camp and will not need to be checked in/out each day.

Please initial all that apply. Children will only be allowed to self-carry medication if both the physician and parent give authorization.

\_\_\_\_\_ I authorize my child to self-carry the prescribed medication indicated in Part 2 of this form.

OR

\_\_\_\_\_ I request that staff hold the medication until my child asks for it.

\_\_\_\_\_ I authorize the following adults to sign in/out my child's medication from camp. (Please include first and last name.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Part 4: Medical Release and Authorization (To be completed by Parent/Legal Guardian)**

Medication must be in the original container with the original label attached and labeled with the camper's name. Parent/guardian, physician, or dentist shall provide written instructions to **LifePoint Church** staff concerning administration of medication. Written instructions will be valid for 6 months unless a shorter period is designated by the parent/guardian, physician, or dentist.

The parent/guardian is responsible for submitting a new form each time there is a change in medication, dosage, or time the medication is to be administered. **LifePoint Church** is not responsible for any unauthorized medication taken independently by the child. The first dose of a medication should be taken at home whenever possible.

**Waiver and Release:**

I understand that I am required to cooperate with **LifePoint Church** with regard to the administration of my child's medication. I understand that some medications cannot be administered by **LifePoint Church** and if my child requires such a medication, it is my responsibility to make arrangements for my child's medication.

I hereby acknowledge that **LifePoint Church** personnel are not trained medical professionals and cannot guarantee nor be responsible for a satisfactory outcome of the administering of medication. In consideration of permitting my/our child to participate in recreation programs sponsored by **LifePoint Church** including summer camp (the Programs), I hereby for myself, my child, and our executors, administrators and assignees, assume all risks and hold **LifePoint Church**, its agents, members of the board of trustees, employees, representatives, all sponsors, affiliates, parties permitting use of property for the Programs, coordinating groups, volunteers, and any individuals associated with the Programs harmless from any and all liability, causes of action, debts, claims, damages, or demands of any nature whatsoever which may arise in connection with my participation in activities related to the Programs.

Parent and/or Guardian authorize **LifePoint Church** and its staff to administer medication as described in Part 2 of this form. This waiver and release expressly includes any claims arising from or relating to the administration of medication by **LifePoint Church** personnel.

Release authorized on the dates and/or duration of the registered season.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_