BARSHOP JCC SUMMER CAMP

Barshop JCC Summer Camp
Medication Administration Form

Parents/Guardians of campers requesting that medication (either prescription or over-the-counter) that need to be administered during camp hours by camp personnel are required to provide the information on this form for camp personnel:

1. A written parental release for the administration of medication, and
2. A signed statement from the licensed prescriber, and
3. Medication in the original container or pharmacy-labeled container (bring to first day of camp)

NOTE:

- New medication orders are required annually and when changes are made from original orders.
- Orders may be FAXED if they contain all the information included in the form below.
  Our Fax Number is 210-408-2341.

Camper Information

Camper's Name: _____ Date of Birth: _____

Licensed Prescriber's Order For Administration Of Medication By Camp Personnel

I have prescribed the following medication for this camper and request the dosage(s) given during camp hours be administered by qualified camp personnel.

Medication/Dosage Time of Administration: _____

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Purpose or Condition for which prescribed: _____

Termination Date: _____ To be taken on a: ❑ Full Stomach ❑ Empty Stomach

Significant Side Effects: _____

❑ This camper will keep inhaled medication in the Health Office.
❑ This camper uses inhaled medication. This camper is authorized to keep this medication with him/her during the camp day and to use as needed according to Licensed Prescriber's orders.

Licensed Prescriber's Signature: _____ Date: _____

Address: _____ Phone: _____

Parent/Guardian Release For Administration Of Medication

I request this medication be given as ordered by the above licensed prescriber.

Parent/Guardian Signature: _____ Date: _____