

Archbishop Moeller Summer Camp Medication Form

Name of Camper _____ Date of Birth _____

Camp Name and Dates _____

THIS FORM MUST BE COMPLETED AND SIGNED FOR ALL MEDICATIONS BROUGHT TO CAMP. All medications must be in the original container. Medication will be kept by the camp staff unless you choose to allow your son to carry an asthma inhaler, insulin, or emergency medication (ie. Epi-pen). All medications must be given to Camp staff by a parent or guardian- please do not send medications with your child.

PART 1: MEDICATION INFORMATION: All medications must be in their original container.

- 1) Condition for which medication is prescribed: _____
- 2) Name of medication, dosage and route: _____
- 3) Time or indication for administration: _____
- 4) Specific directions: _____
- 5) Possible side effects to be noted: _____
- 6) Other special instructions: _____

PART 2: PARENT/GUARDIAN

- I request that authorized personnel assist this camper in taking the medication referenced above.
- I certify that this camper is competent to self-administer the medication referenced above.

Parent/Guardian Signature

Printed Name/Relationship

Date

Main Contact Phone

Alternate Contact Phone Numbers

PART 3: PERMISSION TO CARRY ASTHMA INHALERS/INSULIN/EPI-PENS

PARENT/GUARDIAN: I permit my child to carry the above-listed asthma inhaler, insulin, or emergency medication as ordered by his physician. He has been instructed in proper use of the medicine and will take it as prescribed.

Parent/Guardian Signature

Printed Name

Date

If you are bringing an Epi-pen for your son, please answer these additional questions:

My child is allergic to: _____

Describe the severity of the reaction: _____

Symptoms of the reaction include: _____
