



ADMINISTRATION OF MEDICATIONS

New York State Law requires that Medications can only be given during camp hours if the Camp Nurse receives a **Note from a Doctor** stating:

1. Name of Medication
2. Time to be given
3. Received in the **original medication bottle** with the Child's Name, Medication Name, and dosage on it.
4. A request that it be dispensed at camp.

Please Note: *Your child may not have any medication at camp in their possession. We have many children who are allergic to various drugs. If any of these drugs should unknowingly fall into their hands, the results could be fatal.*

To the Physician: (Please complete the following)

1. Child's Name _____
2. Name of Medication _____
3. Times to be given _____
4. Dosage to be given _____
5. Dates the child is to receive the Medication _____

Physician's Signature _____

Physician's Name (Please Print) _____

Physician's Phone Number _____

Self-Carry and Self – Medication Release:

The camper has been instructed in proper use of this medication and may be permitted to carry and self-medicate.
He/She understands the purpose and appropriate method and frequency of use:

YES _____ NO _____ Physician Initials: _____

To the Parent: (Please sign the following)

I hereby give my permission for the camp nurse to administer the above medication(s) as prescribed by the above physician to my child _____.

Parent (Guardian) Signature _____

○ Procedure for Dropping off Medication

1. Only the Camp Nurse may receive medications from a parent.
2. The Camp Nurse is available in the Summer during **Camp Hours 8:45 a.m. – 4:00 p.m.**
3. All Medication must be received in the original medication bottle or container and pills must be counted upon receipt.

(For Nurse Use Only)

Date received in Health Office _____ Quantity received in Health Office _____

Received in Marked Medication Bottle Yes / No

Received by _____

(Nurse's Signature)

(Please Print)