

The FARM Institute Summer Camp 2008 At-Camp/WISP Medications Form

Name: _____
Last
First
Middle

Age: _____ Weight: _____

The following information must be completed by the parent/legal guardian of the minor. The intent of this information is to provide the camp health personnel with the background to provide appropriate care. We respect your child's privacy and will keep this information confidential. **If you need more space you may use a separate piece of paper!** In case of any changes you must inform the camp director immediately.

- List any medications that may need to be administered during camp hours on a regular or on an "as needed" basis.
- Parent(s)/Guardian(s) must supply any and all medications including OTC.
- Check the expiration date of all medications. Expired medications will not be allowed in camp.
- **All medications** must be approved by the camp's off-site healthcare consultant, checked by the camp's healthcare supervisor and staff must monitor administration of each dose.

Prescription Medications must be in their original containers bearing the pharmacy label and specific instructions for use including: Participant's name, dosage, # of pills inside, prescribing practitioner, pharmacy name & address, filler's initials & serial #.

Medication	Dose	Time to be Administered	Reason for Taking	Side Effect or Special Precautions

Over-the-counter medications must be in their original containers containing the original label and directions for use. In addition OTC medications must be labeled with participant's name and dose. **You must supply your child's OTC medications.*

Medication	Dose	Time to be Administered	Reason for Taking	Side Effect or Special Precautions

In case of Asthma and/or Severe Allergic Reaction* Include each medication separately above.

Children bringing an Epipen to camp must be trained in its use and should bring TWO Epipens. Please check the relevant statement below that applies. Due to the nature of his/her condition:

The participant should have the medication(s) with him/her at all times at camp. Note: Staff must monitor each dose. *Circle which type of medication(s):* Inhaler, Benadryl, Epipen, Other _____

The participant does not need to have the medication(s) with him/her at all times and the medication(s) shall be stored in the medication box in the office and administered as needed.
Circle which type of medication(s): Inhaler, Benadryl, Epipen,
Other _____

A spacer or nebulizer is used for asthma treatments, please note the type.

If an Epipen or nebulizer is prescribed, does the camper recognize the onset of an allergic reaction so as to notify staff upon the occurrence of these symptoms? Yes No If no, contact the Camp Director immediately!

Pursuant to Massachusetts state law and The FARM Institute policy, I authorize "At Camp-Medications" to be administered by The FARM Institute's designated healthcare staff, as directed, to the person for whom it was prescribed. I understand that all medications, prescribed and over-the-counter, must be in their original, labeled containers and have specific instructions (participant's name, dosage) for use of the label.

Parent/Guardian Signature: _____
Date: _____

TFI Off-Site Healthcare Consultant Signature: _____
Date: _____