

Camp College Medication Request

I request Camp College staff to administer the medication described below to my child:

Parent Signature/Date: _____

Name of medication: _____

Amount to be administered: _____ Time(s) to be given: _____

Reason: _____

Special Instructions: _____

Side effects: _____

IMPORTANT – PLEASE READ: Administering medication is discouraged; however, some children with various illnesses and disabilities will require medication during camp hours. If medication must be administered, please complete and sign this form for each medication, including over-the-counter drugs. This form may be copied as needed.

Notify the camp director in writing if there is a change in the medication, or if it should be discontinued. Medication must be delivered in the original container, appropriately labeled by the pharmacy or physician, and handed to a camp administrator or nurse with a completed and signed copy of this form. The medication will be held in the health office and must be taken by the camper under staff supervision. (Medications that a child must carry throughout the day for self-administration must have a completed Camper Self-Medication Permission.)

Health Office – SC 116 • Telephone (609) 570-3777

Camp College Self-medication Permission

Complete this section only if self-medication is required

Camper's Name: _____

Camp Session or Program: _____

PARENT/GUARDIAN AUTHORIZATION

My child has a physical condition which requires him/her to receive medication as quickly as possible in order to avoid a medical crisis. In the interest of his/her personal well being, I hereby grant my child the authority to carry his/her medication _____ and to self-administer it as directed by the prescribing physician when needed.

Condition requiring self-medication: _____

In granting this permission for my child to self-medicate, I hereby absolve Mercer County Community College and all its employees from any liability or legal responsibility for any condition that may arise from the administration or lack of administration of such medication.

Parent/Guardian Signature: _____ Date: _____

PHYSICIAN'S AUTHORIZATION

The above-named patient must use _____ by self-administration. He/she has been instructed in its proper use.

Physician's Signature: _____ Date: _____

NOTE: A completed and signed copy of this form must be given to the camp director or nurse no later than the first day of camp or on the first day that the child brings the medication to camp. (609) 570- 3777.