



TO: STONYBROOK FAMILIES

FROM: THE CAMP NURSE

RE: MEDICATION PERMISSION FORM

Attached please find a Medication Permission Form for your child. In order to receive any medication in camp, I need a physician's AND parent/guardian order.

If your child needs to receive medication during camp hours (either a regular daily dose or an as-needed dose), please complete the attached form (one form for each medication needed) and return the form to me immediately. Attached is our Medication Policy for your information as to procedures to follow.

These forms should be completed by you AND the prescribing physician and returned to the camp office. **If all information is not supplied, the camp nurse will not dispense any medication.** All medication should be brought directly to the health office by your van counselor and MUST be in the original labeled container.

Thank you.

Janis Lewis, R.N.
Camp Nurse

MEDICATION POLICY

The camp shall not be responsible for the diagnosis and treatment of camper illness. The administration of prescribed medication to a camper during camp hours will be permitted only when failure to take such medication would jeopardize the health of the camper, or the camper would not be able to attend camp if the medicine were not made available to him/her during camp hours. For purposes of this policy, medication shall include all medicines prescribed by a physician for the particular camper, including emergency medication in the event of bee stings, etc.

Before any medication may be administered to or by any camper during camp hours, the camp will require the written request of the parent/guardian AND physician which shall give permission for such administration and relieve the camp and its employees of liability for administration of medication. The written order MUST include:

- A. The purpose of the medication;
- B. The dosage;
- C. The time at which, or the special circumstances under which medication shall be administered;
- D. The length of time for which medication is prescribed;
- E. The possible side effects of the medication.

This document will be kept on file in the office of the camp nurse.

Medication Administration Procedure

- A. All medications, whether prescribed or over the counter, shall be administered by the camp nurse or the camper, where the parent/guardian so permits and the camp nurse is present;
- B. Medications will be securely stored and kept in the original labeled container;
- C. The camp nurse will maintain a record of the name of the camper to whom medication may be administered, the prescribing physician, the dosage and timing of the medication and a notation of each instance of administration.



MEDICATION PERMISSION FORM

Parent/Guardian Request:

I, the parent/guardian of _____, request that the medication prescribed by my child's physician be administered to my child. I agree to send an ample supply of the medication to the camp nurse.

_____ Date

_____ Signature of Parent/Guardian

**** AND ****

Physician's Statement:

In order to protect the health of _____, it is necessary for him/her to have the following medication during camp hours.

_____ Date

_____ Signature of Physician

MEDICATION INFORMATION:

Name of medication: _____

Reason for taking: _____

Dosage: _____

Time at which, or special circumstances under which medication shall be administered:

Length of time for which medication is prescribed: _____

Possible side affects of this medication: _____

Please understand that all medication must be labeled and stored in the original prescription container and in accordance with the physician's instructions. Medication cannot be administered if not sent to camp in the original container.