



Health/Medication Form

This form must be completed fully. A new health/medication form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or distribution of medicine. Prescription medication must be in a container labeled by the pharmacist or prescriber. Non-prescription medication must be in the original container with the instructions for use. Non-prescription medication includes vitamins, homeopathic, and herbal medicines. An adult must bring the medication to camp and give the medication to the adult camp operator/camp staff on site.

I. GENERAL INFORMATION

Site name/program: _____ PARKS DIRECT Activity #: _____

Participant Name: _____

II. MEDICATION – PRESCRIBER’S AUTHORIZATION

Name of Medication (includes emergency medical devices): _____

Reason for medication(s): _____ Emergency Medication: YES (see section IV) NO

Medication Dose/Frequency: _____ If PRN, what symptoms? _____

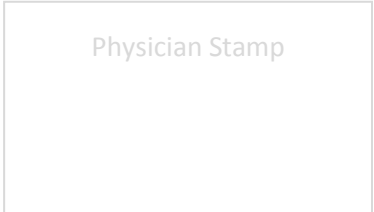
Possible side effects of medication(s): _____

Physician Name & Title (printed): _____

Physician address: _____

Prescriber’s Signature: _____ Date: _____

(ORIGINAL SIGNATURE/STAMP ONLY; PARENT/GUARDIAN MAY NOT SIGN HERE)



III. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator/staff to supervise the camper in self-administration if authorized as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the distribution of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded within ONE WEEK of the camper leaving camp. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA. I agree to release the M-NCPPC and its agents from any and all liability arising as a result of this waiver.

Printed Name (Parent/Guardian)	Signature (Parent/Guardian)	Date

IV. AUTHORIZATION FOR SELF-CARRY

This section should only be completed if this medication is approved for self-administration. Self-carry is only permitted for emergency medical devices such as inhalers or epinephrine. Both the prescriber and the parent/guardian must consent to self-administration by signing below, however camp operators are not required to permit self-administration or self-carry.

I consent that the child named above is able to self-administer the medication listed. I authorize self-administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. If indicated below, the child named above may self-carry emergency medication. I agree to release the M-NCPPC and its agents from any and all liability arising as a result of this waiver.

Prescriber’s Signature: _____ Self-Carry Do NOT Self-Carry N/A (non-emergency)

Parent/Guardian’s Signature: _____ Self-Carry Do NOT Self-Carry N/A (non-emergency)

V. ALLERGY/OTHER INFORMATION

Does the individual have any allergies staff should be aware of?

- None Food Medication Environmental (pollen, poison ivy, etc.)

Describe Allergy: _____ Reaction Level: ___ Mild ___ Moderate ___ Severe

Required Treatment: _____

Are there any health concerns staff should be aware of?

- No Yes Please Explain: _____

Are there any physical, psychiatric, behavioral, emotional, or developmental concerns staff should be aware of?

- No Yes Please Explain: _____

Date of Last Seizure (if applicable): _____