

**Camp Kum-Ba-Ya
Bringing Medication to Camp Form**

Will camper be taking prescription or over-the-counter medications while at camp? If YES, please put all medications in a Ziploc bag with your camper's name on the outside of the bag. Include this form in the bag. All medications MUST be in an original prescription container with the camper's name, physician, and dosage directions on the label. We cannot dispense medications unless in the proper container. Check with your pharmacy for a labeled container. Only send enough medication for the duration of the event. If you are sending over-the-counter medications, please provide an unopened container.

SECTION 1 – CAMPER INFORMATION – PLEASE PRINT

First Name	Last Name	Gender	Date of Birth
------------	-----------	--------	---------------

SECTION 2 – CUSTODIAL PARENT/GUARDIAN AND EMERGENCY CONTACT INFORMATION – PLEASE PRINT

Please provide a landline or cell number for emergency use.

1 st Contact:	Phone:
2 nd Contact:	Phone:

SECTION 3 – CAMPER MEDICATIONS

All medications, including over the counter are turned in at registration and will be locked in the first aid cabinet. All medications are administered by our certified first aid staff. Parent/Guardian initial _____

If a minor will be taking medications while at camp, it is state law to secure your consent for medication distribution and for the use of medical devices.

Consent to Administer Medications – I understand that neither prescription nor over-the-counter medications will be administered to the named minor aged child unless permission and documentation is provided in accordance with the manner prescribed for minor child care facilities by state laws and documented below (or attached to this application). By completing this section, I am giving permission for my minor child to have the listed medications and dosages. Parent/Guardian initial _____

Please list below all prescription and non-prescription medications you are sending (include vitamins, inhalers, etc.) **Please print clearly.** Include the medication name and the dosage instructions. Use an additional sheet if needed. Remember, if your camper arrives without the medications listed, the camp is required to call the custodial parent to verify changes.

Medication #1		Medication #2		Medication #3	
Dosage		Dosage		Dosage	
Frequency – check all that applies. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Night <input type="checkbox"/> As Needed <input type="checkbox"/> Other (Specify below)		Frequency – check all that applies. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Night <input type="checkbox"/> As Needed <input type="checkbox"/> Other (Specify below)		Frequency – check all that applies. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Night <input type="checkbox"/> As Needed <input type="checkbox"/> Other (Specify below)	
# pills in container	Is this an inhaler? <input type="checkbox"/> No <input type="checkbox"/> Yes	# pills in container	Is this an inhaler? <input type="checkbox"/> No <input type="checkbox"/> Yes	# pills in container	Is this an inhaler? <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication #4		Medication #5		Medication #6	
Dosage		Dosage		Dosage	
Frequency – check all that applies. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Night <input type="checkbox"/> As Needed <input type="checkbox"/> Other (Specify below)		Frequency – check all that applies. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Night <input type="checkbox"/> As Needed <input type="checkbox"/> Other (Specify below)		Frequency – check all that applies. <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Night <input type="checkbox"/> As Needed <input type="checkbox"/> Other (Specify below)	
# pills in container	Is this an inhaler? <input type="checkbox"/> No <input type="checkbox"/> Yes	# pills in container	Is this an inhaler? <input type="checkbox"/> No <input type="checkbox"/> Yes	# pills in container	Is this an inhaler? <input type="checkbox"/> No <input type="checkbox"/> Yes

Special instructions: Please list below any special instruction for a specific medication such as required specific times to be taken or specifications about food requirements for the medication, or if medication is prepackaged by pharmacy for time of day.
