



Camp Medication Form

COMPLETE ONLY IF CAMPER IS BRINGING PRESCRIPTION OR OTC MEDICATIONS TO CAMP

Camper Name: _____

Parent/Guardian Name: _____

The Chesapeake Bay Environmental Center's (CBEC) policies regarding medication needs of participants during program hours are as follows:

- * Staff is not authorized to administer medication. Staff may remind individuals and distribute medication to the participant.
- * Medication must be brought and stored in its original pharmaceutical container
- * Parent/guardians are solely responsible for ensuring that an adequate quantity of medication is provided to staff with the written instructions for distribution.
- * All medication will be collected at the start of camp, held by staff during the camp day, and returned to parent/guardian at the end of the camp session.
- * If a participant 18 & under requires immediate access to an Epi-pen or asthma inhaler and parent/guardian wants the child to be responsible for carrying the device, the waiver below must be completed and signed by a parent/guardian. Otherwise a counselor will be responsible for carrying the device within close proximity to child throughout the day.

Name of medication(s): _____

Reason for medication(s): _____

Directions for medication (include dosage, time to be taken). *Attach additional information, if necessary.*

Possible side-effects of medication(s)

WAIVER ALLOWING PARTICIPANT TO CARRY EPI-PEN/ASTHMA INHALER

This section must be completed, and signed by a parent/guardian for every participant who requires that an Epi-pen and/or asthma inhaler be kept on his/her person while participating in a CBEC activity.

Due to the potential necessity for immediate medication distribution imposed by my child's life-threatening condition, I hereby request that my child be allowed to keep the appropriate prescribed device (described above) on his/her person while participating in all CBEC activities. I understand that to qualify for this exemption, this child must be capable of safely storing the necessary Epi-pen or asthma inhaler on his/her person (fanny pack, back pack, or pocket) and using the device appropriately.

Signature of Parent/Guardian: _____ Date: _____

