



Elbow Lane Day Camp
 828 Elbow Lane
 Warrington, PA 18976
 (215) 343-2120
 Fax: 215-933-1469

Medication Dispensing Form

*No medication will be administered to any child without the proper completion of this form.

Camper's Name: _____ Age: _____ Bunk: _____

All medication, whether prescription or over-the-counter (i.e.aspirin), must be given to the camp health director and be accompanied by a healthcare provider's order.

The protocol for students requiring medication in camp is as follows:

- Medicine will be administered to children during camp hours only when such medication is needed by a child in order to remain in camp and administration is required during camp hours.
- The health care provider must complete the top part of this form; parents/guardians must sign the bottom section, giving your permission to administer the medication at camp.
- Any medication to be administered by camp personnel should be delivered to a camp staff/nurse along with this Medication Dispensing Form. Medication should be in a child resistant container, with the original label (expiration date visible, along with the name & phone number of the licensed health professional who ordered the medication).
- All controlled medication (i.e. Ritalin, Concerta, Adderall) must be delivered to the nurse/camp director by an adult, counted and recorded on the student's medication log.
- Failure to provide documentation will require a parent or guardian to be present in school to administer the medication personally.
- In the absence of a nurse, the Director or director's designee will administer the medication.
- In a case where the Medication Dispensing Form is not available and administration of medication is necessary, the director may obtain verbal orders from the attending physician by phone. Verbal orders must be documented by the director on the Medication Dispensing Form. For the medication to be administered the following day, a signed Medication Dispensing For must be received from the parent or guardian.
- This form is to be updated each camp season.

Any medications listed below will require the signature of the prescribing physician *and* the parent.

This includes OTC medication, such as pain reliever, prescribed by doctor.

Name of Medication listed on bottle: _____

Total mg/mL to be given on each administration: _____ Frequency: _____

Reason for Medication: _____

Instructions for administration (ex. with food, crushed on spoon with applesauce, etc.)

Effective dates: From: _____ To: _____ Refrigeration Requirement: YES NO

It is my understanding that the employees of Elbow Lane Day Camp charged with the administration of this treatment/procedure during camp hours may rely on directions contained in this document. I further certify that I am health care provider who prescribed the treatment/procedure and that the camper named above is under my supervision as a patient.

Signature of Physician/Dentist _____ **Date:** _____

Printed Name of Physician/Dentst: _____

Address _____ **Phone:** _____

As parent/guardian of the above child, I hereby request that the treatment/procedure described above be administered to my child and release Elbow Lane Camp and its employees from liability for any damages my child may suffer as a result of this request.

Signature of Parent/Guardian: _____ **Date** _____