



Elbow Lane Day Camp

828 Elbow Lane
Warrington, PA 18976

Telephone: (215) 343-2120

Fax: (215) 933-1469

MEDICATION DISPENSING FORM

Medicine will be administered to children during camp hours only when such medication is needed by the child in order to remain in camp and administration is required during camp hours. **No medication will be administered to any child** without the proper completion of the Medication Dispensing Form. **The form should also be used for non-prescription drugs, such as aspirin, when prescribed by a physician or dentist.**

Any medication to be administered by camp personnel must be delivered in the original and properly labeled container to the camp or designated camp counselor along with the Medication Dispensing Form. Medicine should be in a child resistant container, with the original prescription expiration label and name and phone number of the licensed health professional who ordered the medication.

In the absence of the nurse, the director or the director's designee will administer the medication. In cases 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. Such verbal orders must be documented by the director on the Medication Dispensing Form. In order for the medication to be administered the following day, a **signed** Medication Dispensing Form must be received from the parent or guardian. Failure of the parent/guardian to provide documentation will require the parent/guardian to be present at camp to administer the medication personally.

Child's name _____ Age _____ Group _____
Name of medication _____ Dosage _____ Frequency _____
Treatment or procedure _____
Reason for medication _____
Effective dates: From _____ To: _____

It is my understanding that the employees of Elbow Lane 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 the physician/dentist who prescribed the treatment/procedure and that the child named above is under my supervision as a patient.

Signature of Physician/Dentist _____
Address _____
Telephone _____ Fax _____

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 Day Camp and its employees from liability for any damages my child may suffer as a result of this request.

Signature of Parent/Guardian _____
Home Phone # _____ Work phone # _____