

KIDCAM of Baton Rouge

Child Development Services, Inc.

Only Fill Out If Your Child Will Receive Medication at Camp

Dear Parent:

We would like to inform you of the camp's policy that has been put in place to insure the health, safety and welfare of the children who need medicines during the camp day.

Our summer camp requires that the following form **MUST BE COMPLETED AND FILED IN THE DAY CAMP OFFICE** before we begin to give any medicine at camp.

1. Signed consent by the parent or guardian to give the medicine. Please complete the enclosed form and return it to the camp office.
2. Signed medication order by the camper's physician or dentist. The written medication order form is to be taken to your child's licensed prescriber (your child's doctor or dentist) for completion and returned to the camp secretary/director/nurse. This order must be renewed as needed. Medicine must be delivered to the camp nurse, camp secretary, director or the designated person with the following: **NO EXCEPTIONS!**
 1. Properly labeled pharmacy bottle with current RX label applied.
 2. Delivery of one-week supply at a time. (Exceptions are liquid antibiotics and liquid cough and asthma syrups, as well as asthmatic inhalers.)

Please ask your pharmacist to provide separate bottles for camp and home use. They will be more than happy to help you.

When your child needs medicine to be given during the camp day, please act quickly to follow these policies so that we can begin giving the medicine as soon as possible.

Thank you for your cooperation.

KIDCAM SUMMER CAMP PROGRAMS

Kidcam of Baton Rouge

(a division of Child Development Services, Inc.)

PARENTAL/GUARDIAN CONSENT FOR MEDICATION ADMINISTRATION

Name of Camper _____

Date of Birth _____

Address _____

Parent/Guardian _____

Home Phone _____ Work Phone _____

Emergency Contact _____ Phone _____

Relationship _____

My son/daughter is currently receiving the following medications. (Please list all medications your child is taking in a 24 hour period.)

1. _____ 2. _____

3. _____

My son/daughter is known to have the following allergies: _____

CONSENT

1. I hereby give permission for the camp nurse or the designated unlicensed camp personnel to give the following medications _____ (name of medicine), prescribed by _____ (name of doctor) to _____ (name of camper).

2. I give permission for my child to self administer Asthma inhaler if the camp nurse/director determines it is safe and appropriate in the camp setting. **Yes _ No _**

3. I give permission to the camp director/secretary/nurse to share with appropriate camp personnel information relative to the prescribed medication administration, i.e. side effects, as she/he determines necessary for my child's health and safety. **Yes _ No _**

SIGNATURE _____ **DATE** _____

KIDCAM of Baton Rouge

Child Development Services, Inc.

MEDICATION ORDER – for standing medications given on an ongoing basis.

(TO BE COMPLETED BY A PHYSICIAN LICENSED IN THE STATES)

Name of Camper _____ Date of Birth _____

Address _____

Name of Licensed Prescriber _____

_____ Title _____

Home Phone _____ Work Phone _____

Office Phone _____ Emergency Phone _____

Address _____

Name of Medication and Dosage _____

Frequency _____ Time (s) of Administration _____

Please Note: Whenever possible, medication should be scheduled at time other than during camp hours.

Specific directions or information for administration

Date of Order _____ Discontinuation Date _____

Diagnosis _____

Other medical conditions _____

ADDITIONAL INFORMATION

1. Observe for these special side effects, contraindications, or possible adverse reactions to be

: _____

2. Other medication being taken by camper

3. Date of the next scheduled visit of when advised to return to prescriber: _____

SIGNATURE OF LICENSED

PRESCRIBER _____

KIDCAM of Baton Rouge

Child Development Services, Inc.

All Campers

Dear Parent,

Kidcam of Baton Rouge does not give over the counter medication on a routine basis. However, there are occasions when such administration is of benefit. Kidcam of Baton Rouge will not give these medications without both verbal or email and written consent.

If you wish to give permission to give these medications with verbal/email consent, please initial by each medication that you are giving permission for the camp staff to administer. These medications will only be administered with an additional verbal or email consent at the time administration.

For example, if your child gets in ants and – if we have this form on file – we will call you and/or email you. Only after we reach you, would we administer the medication. W

Name of child (ren): _____

Initial each which you would allow after verbal or email consent is received.

_____ Hydrocortisone

_____ Triple Antibiotic Cream

_____ Neosporin

_____ Benadryl

_____ (sign and date)

Sunscreen: I understand that I am to apply sunscreen and/or insect repellent at home. However, I understand that I may send a spray sunscreen with my child. I give permission for my child(ren) to self-administer the spray sunscreen at camp. I give camp staff my permission to assist with administration if necessary.

_____ (sign and date)