

**Briarwood Day Camp – Permission to Medicate Camper  
SUMMER 2010**

Dear Briarwood Parent or Guardian,

Prescribed medications which are necessary for the health of a child may be administered during the camp day. It is recommended that, whenever possible, all medications be administered at home by the parent or guardian.

The first dose of any new medication should always be administered at home to ensure close observation of any adverse reaction. If your physician decides it is necessary for your child to receive a medication during camp hours, the parent or guardian may request that the camp nurse administer the physician prescribed medication at scheduled times.

The following policies apply to all medications brought to camp:

- The “Permission to Medicate Camper” form below must be completed and signed by the physician and the parent or guardian for all prescription medications.
- Medication must be sent to camp in the original pharmacy container with the current prescription label. Upon request, pharmacies can prepare a duplicate container to be used for camp.
- All medications must be brought directly to the nurse’s office by the parent, guardian, or a responsible adult designated in writing by the parent or guardian.
- Students should not have medications of any kind in their possession at camp.
- Unless provisions are made otherwise, the camp nurse shall be the only Briarwood employee responsible for the dispensation and/or administration of medications.
- If the camp nurse is unavailable to administer the medication on a time schedule determined by the camper’s physician, the nurse and parent or guardian will develop a care plan to ensure that the dosage is administered as scheduled.
- All medications are kept in the nurse’s office.
- Please take this form to your physician and have the instructions recorded below regarding the administration of your child’s medication.

**Permission to Administer Medications at Camp**

Date medication to start \_\_\_\_\_ Date to discontinue \_\_\_\_\_  
Name of camper \_\_\_\_\_ Age \_\_\_\_\_  
Diagnosis \_\_\_\_\_  
Name of medication \_\_\_\_\_ Strength \_\_\_\_\_ Dosage \_\_\_\_\_  
Frequency of administration \_\_\_\_\_ Recommended time(s) of administration \_\_\_\_\_  
Special instructions/effects to observe \_\_\_\_\_  
Other medications this child is presently taking \_\_\_\_\_  
Name of physician \_\_\_\_\_  
Signature of physician \_\_\_\_\_  
Telephone number of physician \_\_\_\_\_

I hereby give permission for the nurse (or other caregiver, as necessary) to administer this medication to my child during the camp day.

Name of parent or guardian \_\_\_\_\_  
Signature of parent or guardian \_\_\_\_\_  
Date \_\_\_\_\_