



MEDICATION INFORMATION SHEET

POLICY: Students are not allowed to carry medication with the exception of epi-pens, inhalers and diabetic supplies.

AT REGISTRATION ALL MEDICATION WILL BE TURNED IN TO THE CAMP NURSE.

For emergency reasons, all medications must be in an up-to-date, accurately labeled bottle. Handwritten labels, medicines in baggies/envelopes, bottles with incorrect name (i.e. family member) will **not** be accepted. Please use the enclosed label to affix to the front of one Ziploc bag, then place all accurately labeled medicine bottles inside the bag.

NOTE: Pharmacy will give a duplicate bottle at no charge. **Only the amount of medicine needed at camp should be placed in the bottle.** There should be a separate bottle for each medication.

All medications should have a parental note attached as follows:

- Child's name
- Weight:
- Prescription Medication Name(s)
- Amount
- Dosage
- Time
- Signature

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AUTHORIZATION 1

My child _____ has been instructed in the proper use of an (please circle items) epipen, inhaler, diabetic supplies. It is my opinion that he/she (please circle choice) **should** or **should not** be allowed to carry this medication.

Signature of Parent _____

Date _____

AUTHORIZATION 2

If the need arises, I give my permission for my child _____ to take the following over the counter medications as directed on the bottle according to the weight and age of my child unless otherwise noted: _____
Please circle choices.

Tylenol

Advil

Sudafed

Neosporin

Stingkill

Signature of Parent _____

Date _____

AUTHORIZATION 3

I authorize the personnel of the Mabel Boyter Summer Choir Camp to assist my child in taking medication. I hereby release and waive and further agree to hold harmless the individual members, faculty or volunteers thereof from and against any claim which I or any other parent or guardian or family member may claim directly or indirectly for any lawsuit, damages or injuries arising out of, during or in connection with the administering, supervision, and assistance of these medications.

Signature of Parent _____

Date _____