4-H Camp Overlook- MEDICATION ADMINISTRATION FORM

Parent/Guardian: This page needs to be completed for campers who will be receiving ANY medications at camp- either regular medications or as-needed/over-the-counter stocked medications.

CAMPER INFORMATION

First_____Last_____

Date of Birth (m/d/y) _____

MEDICATION ORDERS AND SIGNATURE (Example: MD, DO, NP only)

As Needed Over-the-Counter Medication Permission:

Overnight camps carry a small stock of typical over-the-counter medications that may be administered during their stay only with physician's written approval. Stock medications include: FDA-approved sunscreen, insect repellant, vaseline, antibiotic ointment (bacitracin), ibuprofen (generic for Advil), acetaminophen (generic for Tylenol), diphenhydramine (generic for Benadryl), loratadine (generic for Claritin), hydrocortisone .05%, calamine lotion, aloe as sunburn relief, and saline solution.

☐**YES**	**Yes,** I give approval for the above-named over-the-counter medications to be provided in reasonable dosages per direction on the original container for age and weight by designated 4-H Camp Overlook staff.
☐**YES**	**WITH EXCEPTIONS**. I give approval for the above-named over-the-counter medications to be provided in reasonable dosages per direction on the original container **for age and weight** by designated 4-H camp staff except for the following which may **NOT** be given:
☐**NO**	**No,** the above named over the counter medications may **not** be provided to this camper.

Prescription and Routine Medication Permission:

If a camper requires prescription and/or routine medication while at camp, the prescribing licensed medical provider must complete and sign the following section. These medications must be brought to camp by parent/guardian, in their original package or prescription bottle, with below signed orders. Medication will be provided at camp based on this written order and signature.

Medication Name	Reason	When Given	Dosage	How Given	When Started

Licensed Medical Provider Information and Official Signature:

Name Printed _____ **Title**_____

Signature_____ **Date** _____

Phone Contact _____ **Lic #** _____

Office Address _____

***For additional room, please use the next page.**

SECTION B CONTINUED: MEDICAL ORDERS AND SIGNATURE (MD, DO, NP only)

CONTINUED- Prescription and Routine Medication Permission:

If a camper requires prescription and/or routine medication while at camp, the prescribing licensed medical provider must complete and sign the following section. These medications must be brought to camp by parent/guardian, in their original package or prescription bottle, with below signed orders. Medication will be provided at camp based on this written order and signature.

Medication Name	Route	Dosage	When to Administer

Licensed Medical Provider Information and Official Signature:

Name Printed _____ **Title** _____

Signature _____ **Date** _____

Phone Contact _____ **Lic #** _____

Office Address _____