

PARENTS: Please complete this medication form. List one (1) camper per form.

Please list ALL medications including prescriptions and/or over-the-counter drugs that will be taken at camp in the space provided below.

**WILL THIS CAMPER BE TAKING MEDS (Prescription or OTC)
DURING CAMP? YES _____ NO _____**

ALL OVER-THE-COUNTER DRUGS & INHALERS MUST BE BROUGHT IN THE ORIGINAL BOTTLE/PACKAGING TO THE CAMP NURSE.

Please place ALL meds inside a Ziploc bag with student's name & church clearly printed on the outside.

If a camper must have an inhaler/epi pen with them at all times, a parent/guardian must complete the self-administration consent on the back of this form.

Student's Name: _____
(Please Print)

Church Attending: _____
(Please Print)

Camp Attending:
Kids Camp: _____ Youth Camp: _____

Is there any information we should have regarding the welfare of this camper: handicaps, restrictions, diets, etc.? If this is not enough space, please attach a detailed sheet.

LIST ANY MEDICATION ALLERGIES: _____

LIST INFORMATION CONCERNING ALL MEDICATIONS TO BE GIVEN AT CAMP BY CAMP NURSE:

MEDICATION:	DOSAGE:	TIME TO BE GIVEN:

(ADD PAGE IF NEEDED)

Make a copy of this and place INSIDE the Ziploc back of medications to be turned into the camp nurse at registration time.

MEDICATION SELF-ADMINISTRATION CONSENT FORM (INHALER and/or AUTO-INJECTABLE EPINEPHRINE)

Camper's Name (Please Print) _____

Type of inhaler _____

This form is good for the camping year 2019. This form must be updated anytime the camper's medication order changes and renewed each year and/or anytime a camper changes camps.

The following must be provided for the camper to be eligible to self-administer rescue inhalers and/or auto-injectable epinephrine. Eligibility is **only valid** for this camp for the current year.

- A written statement from a licensed health-care provider who has prescriptive privileges that he or she has prescribed the rescue inhaler and/or auto-injectable epinephrine for the camper, and that the camper needs to carry the medication on his/her person due to a medical condition; the specific medications prescribed for the camper;
- An individualized health care plan developed by the prescribing health-care provider
- containing the treatment plan for managing asthma and/ or anaphylaxis episodes of the camper and for medication use by the camper during camp hours; and
- A statement from the prescribing health-care provider that the camper possesses the skill and responsibility necessary to use and administer the asthma inhaler and/or auto-injectable epinephrine.

If the camp nurse is available, the camper shall demonstrate his/her skill level in using the rescue inhalers and/or auto-injectable epinephrine to the nurse.

Rescue inhalers and/or auto-injectable epinephrine for a camper's self-administration shall be supplied by the camper's parent or guardian and be in the original container properly labeled with the camper's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

Campers who self-carry a rescue inhaler or an epinephrine auto-injector shall also provide the camp nurse with a rescue inhaler or an epinephrine auto-injector to be used in emergency situations.

My signature below is an acknowledgment that I understand that the West Florida District Council of the Assemblies of God, the West Florida District camps, and constituents, shall be immune from civil liability for injury resulting from the self-administration of medications by the camper named above and that the camper is agreeing to maintain the medications and not allow any other person to use them.

Parent/Guardian Signature

Date _____