

Mail, Fax or Deliver to:

**Southampton Summer Day Camp
1459 2nd Street Pike
Southampton, PA 18966
Fax # 215-355-5641
Phone# 215-355-4567**

MEDICATION FORM*

****If your camper is to receive medication on the 1st day of camp, please make arrangements to have this form and medication in the camp office PRIOR to the first day of camp!***

SOUTHAMPTON SUMMER DAY CAMP

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 nurse administer the physician prescribed medication at scheduled times. The following policies apply to **all medications brought to camp:**

- The **"Permission to Administer Medication"** form below must be completed and signed by the parent or guardian. This form must be signed for both prescription and over-the-counter medications.
- Medication must be sent to camp in the original pharmacy container with the current prescription label. Upon request, pharmacists can prepare a duplicate container to be used for camp.
- If a licensed registered nurse is unavailable to administer the medication on a time schedule determined by the camper's physician or parent, a care plan will be developed by the nurse, and parent or guardian, to ensure that the dosage is administered as scheduled. (i.e. Extended Care/After Camp Events)
- Acetaminophen will only be administered on an as needed basis if written permission is signed by the parent/guardian and is on file in the camp infirmary for the current season.
- **All medications are kept in the health office in a locked cabinet.**

PERMISSION TO ADMINISTER MEDICATION

Date to start medication _____ Date to discontinue _____

Name of Camper _____ Bunk # _____

Name of medication _____ Strength _____

Dosage _____ Frequency of administration _____

Recommended time of administration _____

Special instructions/effects to observe _____

Other medications this child is presently taking _____

I hereby give permission for this medication to be administered to my child. Date _____

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Home Telephone # _____

Work Telephone # _____

Cell Phone # _____

**** THIS FORM MAY BE COPIED IF NEEDED!!**