



# CAMP TUCKAHOE

## MEDICATION & MEDICAL CONSENT FORM

Last Name:	First Name:	Campsite:	
Date of Birth:	Age:	Scout Unit:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

### Emergency Contact Information

Home Phone:	Mobile Phone:
Mother's Name:	Father's Name:
Mother's Work Phone:	Father's Work Phone:
Family Physician:	Physician's Phone:

### General Medical Information

Past Medical History: <input type="checkbox"/> None
Past Surgical History: <input type="checkbox"/> None
Medication Allergies: <input type="checkbox"/> None
Camp Limitations: <input type="checkbox"/> None

### Consent for Medical Treatment

It is a condition of your child attending camp that you grant permission to the camp medical staff to provide initial stabilization for emergent or necessary health concerns. The camp will attempt to contact you to advise you of the situation and to obtain your consent for any significant injury or illness. However, based on the urgency of the situation, the decision to provide medical treatment and/or transport to a medical facility for further evaluation and stabilization is at the discretion of the camp medical staff.

I recognize that minor injuries or illnesses may occur while at camp. I give permission to the camp medical staff to evaluate and treat these minor injuries or illnesses at camp. I understand that if these conditions do not resolve in the usual time course or additional evaluation and treatment are required at a physician's office, medical facility, or hospital, an attempt to contact me will be made to obtain consent for further evaluation and treatment. However, if the camp medical staff is unable to contact me, the decision to seek additional medical evaluation and treatment will be at the discretion of the camp medical staff.

I understand that the medical care provided at camp by the camp medical staff will be free of charge. If the medical condition requires transport by emergency medical services; and/or treatment at a physician's office, medical facility, or hospital; and/or medications, I understand that I or my insurance will be responsible for the cost of these services.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Consent for Medication Administration

I recognize that non-prescription (over-the-counter) medications are the usual and accepted treatment for numerous medical conditions. Following evaluation by the camp medical staff, I consent to the camp medical staff providing non-prescription medications to my child when indicated and if requested by my child.

Medication which is available at camp will be provided to my child at no cost.

If my child requires prescription medication, I consent to the medication being administered to my child as noted on the reverse of this form. I have provided my child's prescription medication to the camp leader in its original container for storage at the camp health lodge. I understand that it is my child's responsibility to come to the camp health lodge to receive his medication.

No medications (prescription or non-prescription) are to be in the possession of the individual campers; except medications required on an emergent basis, such as an Epi-pen, rescue inhaler, etc. Permission to keep medications with the camper must be obtained from the medical staff.

Please check the appropriate box:

I consent to the administration of non-prescription and prescription medication to my child when indicated.

I do NOT consent to the administration of non-prescription medication to my child. I do consent to the distribution of the prescription medications which are listed on the reverse of this form.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions or concerns, the camp medical or administration staff are always available to discuss any issue with you. Please do not hesitate to contact us for any additional information. Obviously, it is our goal to provide your child with an enjoyable and healthy camp experience, but we must be prepared to address any injury or illness that develops while your child is in camp.

Last Name:	First Name:	First Day of Camp (Date):
Medication Allergies: <input type="checkbox"/> None		

**Prescription Medications** – Please check one.

- My child does not require any prescription medication while at camp.
- My child requires the following prescription medication while at camp.

*I have provided the medication, in its original container, to my child’s adult leader for storage and dispensing at the camp health lodge. If the administration instructions for the medication have changed from those listed on the medication container, instructions which are signed by the prescribing physician must be provided to ensure proper administration of the medication.*

*Please provide the information on all medications prescribed by your child’s physician in the boxes below. If your child requires more than three medications, please use additional forms and check here – .*

<i>Information for each prescription medication. To be completed by Parent or Guardian.</i>	<i>Administration Record – For camp medical staff use.</i>						
	<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>

Medication:							
Strength:	Quantity sent to camp:						
Administration Instructions:							
Storage: <input type="checkbox"/> Room Temperature <input type="checkbox"/> Refrigerate <input type="checkbox"/> Other							
Reason for Medication:							
Comments:							

Medication:							
Strength:	Quantity sent to camp:						
Administration Instructions:							
Storage: <input type="checkbox"/> Room Temperature <input type="checkbox"/> Refrigerate <input type="checkbox"/> Other							
Reason for Medication:							
Comments:							

Medication:							
Strength:	Quantity sent to camp:						
Administration Instructions:							
Storage: <input type="checkbox"/> Room Temperature <input type="checkbox"/> Refrigerate <input type="checkbox"/> Other							
Reason for Medication:							
Comments:							

<b>Last Name:</b>	<b>First Name:</b>	<b>First Day of Camp (Date):</b>
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<i>Information for each prescription medication. To be completed by Parent or Guardian.</i>	<i>Administration Record – For camp medical staff use.</i>						
	<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>

<b>Medication:</b>							
<b>Strength:</b>	<b>Quantity sent to camp:</b>						
<b>Administration Instructions:</b>							
<b>Storage:</b> <input type="checkbox"/> Room Temperature <input type="checkbox"/> Refrigerate <input type="checkbox"/> Other							
<b>Reason for Medication:</b>							
<b>Comments:</b>							

<b>Medication:</b>							
<b>Strength:</b>	<b>Quantity sent to camp:</b>						
<b>Administration Instructions:</b>							
<b>Storage:</b> <input type="checkbox"/> Room Temperature <input type="checkbox"/> Refrigerate <input type="checkbox"/> Other							
<b>Reason for Medication:</b>							
<b>Comments:</b>							

<b>Medication:</b>							
<b>Strength:</b>	<b>Quantity sent to camp:</b>						
<b>Administration Instructions:</b>							
<b>Storage:</b> <input type="checkbox"/> Room Temperature <input type="checkbox"/> Refrigerate <input type="checkbox"/> Other							
<b>Reason for Medication:</b>							
<b>Comments:</b>							

<b>Medication:</b>							
<b>Strength:</b>	<b>Quantity sent to camp:</b>						
<b>Administration Instructions:</b>							
<b>Storage:</b> <input type="checkbox"/> Room Temperature <input type="checkbox"/> Refrigerate <input type="checkbox"/> Other							
<b>Reason for Medication:</b>							
<b>Comments:</b>							