

Camper or Staff Name _____ Birth Date _____



**2018 HALE SUMMER DAY CAMP
Camper Medication, EpiPen®,
and Inhaler Administration**

To be completed for any or all medications that will be brought to and administered at camp.

Please Read: Prescribed medications must include the pharmacy label with the Rx number, the name of the medication, dosage, directions for use, and the child or staff's name. Non-prescription medications must be in its original containers, clearly labeled with the child's or staff member's name and directions for use. All medications must be kept in the Health Center. Please fully complete the following information regarding the appropriate times and dosages of each medication your child or staff will receive at Hale (attach additional forms if needed). Please sign at the bottom of the page.

Name of Medication (if Inhaler or EpiPen® complete below as well):	
Dosage:	
Why is this medication taken?	
Days Taken: <i>Monday - Friday</i> <i>As needed</i>	Times Taken (please be specific) • _____ • _____ • _____ Other _____
Are there any additional notes or instructions for this medication?	

Name of Medication (if Inhaler or EpiPen® complete below as well):	
Dosage:	
Why is this medication taken?	
Days Taken: <i>Monday - Friday</i> <i>As needed</i>	Times Taken (please be specific) • _____ • _____ • _____ Other _____
Are there any additional notes or instructions for this medication?	

Type of Inhaler:	
Location of Inhaler at camp: <i>Health Center or designated secure storage</i> <i>On campers person</i> <i>With camp counselor</i>	Who can administer inhaler? <i>Qualified Personnel</i> <i>Camper</i>

Type of EpiPen®:	
Location of EpiPen® at camp: <i>Health Center or designated secure storage</i> <i>On campers person</i> <i>With camp counselor</i>	Who can administer inhaler? <i>Qualified Personnel</i> <i>Camper</i>

I hereby give permission for Hale Reservation to administer the above medications to my child or staff member under eighteen years of age during his or her camp attendance.

Parent/Guardian _____

Date: _____