

Medication Instruction Form For VOLUNTEERS
Please read thoroughly

For the safety of everyone at camp, we must be aware of all medications being taken by all participants in our program. Please use the space provided below to list all medications, dosages and instructions. For the safety of our campers, **all volunteers living in cabins with campers will be required to turn their medications in to our medical team.** Medications turned in to the med team will be administered by a Registered Nurse as needed for each CIA. Make sure you bring enough medication for the entire week of camp. **We must have a signed copy of this form on file for every volunteer, even those who do not take medications.**

Please bring all medication in the **original Pharmacy labeled bottles.** DO NOT put medication into daily pill boxes. PLEASE MAKE SURE YOU BRING ENOUGH MEDICATION FOR THE ENTIRE WEEK! Over-the-counter medication such as Tylenol or Ibuprofen will be provided at the health center. Any over-the-counter medication brought to camp must be in the original manufactured containers.

This form is to be filled out completely and signed by the volunteer if 18 years or older or by the parent if the volunteer is under the age of 18. DO NOT MAIL THIS FORM BACK. Please bring it with you to camp. If you do not take any medication, write NONE under the "Name of Medication."

Name: _____ **Cabin:** _____

(To be filled out by the nurse)

Name of Medication	Dose	Time of day to be given	Special instructions For example: Place crushed pills in applesauce with dinner

We must have a written Physician's orders to administer injectable medications. Attach the orders to this form!

Name of Injectable Medication	Instructions	Signature of parent who attached the written physician's orders to this form

I have read the above instructions carefully and have filled out the information on the medication administration. I give permission for the camp medical team to administer the medication as instructed above. I also give permission for members of the camp medical team to give over the counter medication as needed. The medical team has permission to assess and give treatment as necessary for appropriate medical care. In an emergency, I give permission for X-rays, routine tests and medical treatment as deemed necessary by the physician or medical personnel chosen by the camp personnel. I understand that the cost of medical care is covered by the camp only up to the amount of \$2,500. Any claim in excess of this amount is my responsibility.

Signature _____ Date _____
(Parent must sign for anyone under 18 years of age)