

# 2017 South Dakota Camp Medication Form

If your camper needs to bring any medication to camp, **please complete this form within 24 hours prior** to your camper's arrival at camp. **All medications must be the original containers.** Place all medication containers in a plastic bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. A medical attendant will receive medications at the nurse's table during camp check-in. Inhalers are the only meds that can be kept with the camper (please send two in case one is lost).

**No medication can be administered unless listed on this form with Parent/Legal Guardian signature.**

**Medical personnel in the infirmary must administer all camper medications.**

Camper \_\_\_\_\_

Cabin # \_\_\_\_\_ *(to be filled in at camp)*

Church/City \_\_\_\_\_

Parent Day Phone \_\_\_\_\_

Parent Evening Phone \_\_\_\_\_

NAME OF MEDICATION	DOSAGE	TIME TO BE GIVEN	Signature and Time Given (Nurse Use Only)					

Comments/Instructions \_\_\_\_\_

Medications will be given as directed on prescription containers. Explain any differences in instructions.

**Parent/Guardian:**

I, \_\_\_\_\_, Parent/Legal Guardian of \_\_\_\_\_ (Campers Name) authorize the camp medical personnel to administer the medications listed above.

I authorize the Camp Executive Staff to consent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contact me before such action.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_  
*(24 hours prior to camp)*