

Parent/Guardian Request for Assistance in Dispensing Medication

Some students are able to attend camp only through the effective use of medication. If possible, all medication should be given under the supervision of parent(s) or guardian(s). When this is not possible, Dahlem Conservancy Outdoor Adventure Camp (OAC) staff personnel may give prescribed medication as an assistance to parents/guardians when the following conditions are met.

Name of Student _____	Grade _____	Parent/Guardian _____	Dates of Camp Attendance _____
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Prescription medications must be in their original containers, bearing the pharmacy label, and have specific instructions for use (camper's name, dosage, # pills inside, prescribing practitioner, pharmacy name and address, filler's initials, serial #).

Medication #1 _____ Dose _____ Time to be administered _____

Reason for taking _____ Side effects or special precautions _____

Medication #2 _____ Dose _____ Time to be administered _____

Reason for taking _____ Side effects or special precautions _____

Medication #3 _____ Dose _____ Time to be administered _____

Reason for taking _____ Side effects or special precautions _____

Over-the-counter medication must be in their original containers containing the original label and directions for use. In addition these must be labeled with the participant's name and dose. You must supply the camp with any medication.

Medication #1 _____ Dose _____ Time to be administered _____

Reason for taking _____ Side effects or special precautions _____

Medication #2 _____ Dose _____ Time to be administered _____

Reason for taking _____ Side effects or special precautions _____

Asthma - List each medication separately above. All must have the pharmacy labels! Sign the relevant statement below.

- The camper does not need to have the inhaler with him/her at all times and the medication shall be stored in the office (OF) and administered as needed.

Parent/Legal Guardian's Signature _____ (OF)

- The camper should have the medication(s) with him/her at all times in their camp pack (CP). Note: Camp staff must monitor each dose. Parent/Legal Guardian's Signature _____ (CP)

- If a **spacer** or **nebulizer** is used for asthma treatments, please note the type _____.

Severe Allergy -List each medication separately above. All must have the pharmacy labels! Sign the relevant statement below.

Two Epipens should be brought to camp. The camper must be trained in the use of the Epipen.

- The camper does not need to have the medication(s) with him/her at all times and the medication shall be stored in the office (OF) and administered as needed.

Circle which medication(s): Benadryl, Epipen Parent/Legal Guardian's Signature _____ (OF)

- The camper should have the medication(s) with him/her at all times in their camp pack (CP). Note: Camp staff must monitor each dose.

Circle which medication(s): Benadryl, Epipen Parent/Legal Guardian's Signature _____ (CP)

- If the **Epipen** is prescribed, does the camper recognize the onset of an allergic reaction so as to notify staff upon the occurrence of these symptoms? ___Yes ___No If no, contact the Dahlem office today.
- Describe the past allergic reaction to each allergen (Use back of this form).