



Nobles Day Camp Medication Administration Form (if applicable)

1. SIGNED MEDICATION ORDER: This must be completed by your licensed prescriber and returned to the camp nurse.

Camper's Name: _____ DOB / /

Diagnosis: _____

Medication: _____ Dosage: _____ Route: _____

Frequency: _____ Time(s) of administration: _____

Consent for self-administration if the Camp nurse determines it is safe: YES NO

Print Provider's Name: _____ Signature of Licensed Provider: _____

2. SIGNED PARENT/GUARDIAN CONSENT: My child is currently receiving the following medication(s)

a.) _____ b.) _____ c.) _____ d.) _____

I consent to have the camp nurse or camp personnel designated by the nurse to administer the following medication:

Medication: _____ Prescribed by: _____

In certain circumstances only, I consent for my child to self-administer the medication only if the camp nurse determines that it is safe and appropriate: YES NO

I understand that I may retrieve the medication from the camp at any time and the medication will be picked up on my child's last day at camp. I understand that my child's medication will be properly destroyed if not retrieved 7 days beyond my child's last day at camp or by 12pm on the last day of camp, whichever comes first. I understand that medication must be delivered directly by me, or a responsible adult I designate. I understand that **CAMPERS MAY NOT CARRY MEDICATIONS AT CAMP***.

**Please note the exception in the handbook in regards to campers 5th grade and above.*

Signed _____ Date / /
 Parent/Guardian Signature

3. MEDICATION PROVIDED IN THE ORIGINAL PHARMACY OR MANUFACTURER-LABELED CONTAINER: Separate bottles need to be provided for camp and home. Only the doses to be given during camp hours should be brought to camp (a properly labeled bottle should also be provided for field trips, etc., if applicable).

OFFICE USE ONLY

Date medication received: _____ # units received: _____

Nurse's Signature: _____ Group: _____ Exp. _____

NOTES
